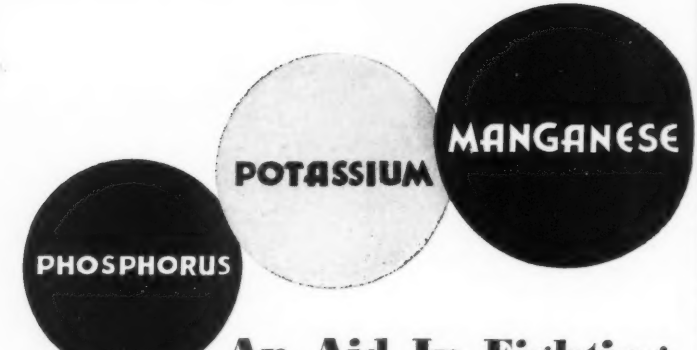
# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

OCTOBER, 1936 • CIRCULATION: 127,000 •

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# Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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# SPEAKING FRANKLY

## ★ *Less Seeing, More Hearing*

To the Editors:

While there can be no doubt that pictures, moving or still, are a powerful aid in presenting papers, a preponderance of such illustrative material causes many medical addresses to lack the personal appeal that comes from the speaker's own voice and from his individual manner of expressing himself.

Today, medical audiences are hard to please. They have become aware of certain standards in public speaking. They expect a convincing presentation. Pictures can not take the place of a speaker's presence and personal mannerisms. Too much film or too many slides may weaken an otherwise forceful paper. Here's hoping our presenters of papers will realize it.

Alfred J. M. Treacy, M.D.
Germantown, Pennsylvania

## ★ *Surgeon General Speaks*

To the Editors:

The author of "The Physician's Stake in Social Security" [September MEDICAL ECONOMICS] has made a valiant but, I believe, unsuccessful attempt to set up the perennial bugbears—medical regimentation, state medicine, and federal dictatorship.

The regulations which I, as Surgeon General, am authorized to make under the Social Security Act are formulated after conference with state and territorial health officers. Extensive consideration was given by the state health officers to the form and content of these regulations. They are not at variance with the recommendations of the state health officers in a single particular. The states themselves determine the methods of administration and purposes for which the funds are expended. The allocations for "special health problems" were made for purposes which the state health officers themselves have indicated are, in each instance, a particular problem of the state. Examples are industrial hygiene, malaria, syphilis, tuberculosis, and intestinal diseases.

I am not minimizing the responsibility which rests upon me to promote the efficient expenditure of the $8,000,000 appropriation. Your attention is invited to the fact, however, that this appropriation represents less than 10% of the existing state and local expenditures for public health purposes.

The article very properly points out that state and local medical societies almost universally have appointed committees to cooperate with and advise state health departments concerning activities and programs under the Social Security Act. This, in itself, should go far to insure sound administration and efficient service.

I, personally, shall welcome the fullest cooperation of the medical profession in seeing that every dollar of federal funds is expended to produce the greatest possible returns in improved public health.

Thomas Parran, Jr., M.D.
Surgeon General
U. S. Public Health Service

## ★ *Practical Nurse Needs*

To the Editors:

Situations frequently arise which call for the services of a practical nurse. The problem is where to find her. As a rule, available practical nurses are elderly women who, through experience, have acquired some rudimentary knowledge of caring for the sick. But they have never had instruction in certain necessary fundamentals. Not the least of these is a conception of the ethics which should govern the relationship of physician, nurse, and patient.

There is a real need in most communities for a group of carefully selected women (preferably between the ages of 35 and 45) who have had some experience in housekeeping and cooking. To such experience should be added from six weeks to two months of instruction by local physicians,

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using the teaching facilities and equipment of a local hospital.

The course should be practical rather than theoretical. It should include the technic of taking temperatures; making beds; giving baths, enemata, and hypodermics; aseptic care and dressing of wounds; preparation of hot packs; etc. In addition, a thorough grounding in the principles of ethics should be given. The importance of such training can scarcely be over-estimated. I believe one of the principal sources of dissatisfaction with present-day practical nurses is their complete lack of comprehension of ethics.

By using the local hospital as a training-school for a limited number of carefully chosen women, and by careful professional supervision of their training, practical nurses could be made available whose services would be helpful alike to physicians and to patients in families where the employment of graduate nurses is a financial impossibility. Such women should command from $15 to $20 a week as against the $6 to $8 a day demanded by registered nurses.

This suggestion can be followed without encroaching seriously upon the field that rightfully belongs to graduate nurses.

M.D., Indiana

## ★ *Page Mr. Pagannini!*

To the Editors:

I wish to thank you and Dr. R. S. Jacobs for the article, "Doctor, Play Your Mandolin!" which appeared in August MEDICAL ECONOMICS.

Three years ago, at the age of 46, I bought a mandolin and started to study. Being in a place where no teacher was available, I had to resort to a correspondence course. Now, I am able to play fairly well—even pieces such as Schubert's *Serenade* and Dvorak's *Humoresque*.

After two years of mandolin study, I took a notion to try a violin. I purchased an instrument worth about $500 and took lessons from a professor at the state university. The lessons were infrequent (I had to travel more than a hundred miles for them.) So, I bought books on violin technic. They helped me a great deal in selecting exercises and pieces. Since the fingering on a mandolin and on a violin is the same, preliminary study of a mandolin is a useful preparation for the study of violin.

For the information of physicians interested in studying some musical instrument but unable to contact a teacher, I suggest the purchase of a correspondence course and a careful following of its instructions. There are several schools offering courses. The usual price is about $36 per set of almost a hundred lessons. Each lesson should be practiced about a week.

It is possible, also, to purchase second-hand courses in fairly good condition. One source that I know of is Mr. Mountain Lee, Pisgah, Alabama. I mention him simply as a suggestion to my brother physicians who may be interested in studying music.

L. Stolfa, M.D.
Havre, Montana

## ★ *Wives, Too*

To the Editors:

Recently a group of physicians and their wives were gathered about our table. They entered into a lengthy discussion of several articles that had just appeared in MEDICAL ECONOMICS. Needless to say, I listened with interest. Finally, one wife turned to me and said, "*There* is a medical journal that often publishes articles which we, as physicians' wives, would do well to read and keep!"

Katharine Haggerty
(Wife of D. Leo Haggerty, M.D.)
Trenton, New Jersey

## ★ *Salaries! Regimentation!*

To the Editors:

Why are so many excellent physicians and surgeons eager to get into public health service if there is a disgrace, implied or otherwise, attached to the salary end of the proposition? Why are life insurance companies supplied with salaried physicians if there is a stigma involved? All state institutions are manned by medical men on salaries. The Mayo Clinic is served by men who are paid salaries. The Ford Hospital in Detroit hires some of the best medical men in the country. The Army and Navy have excellent medical staffs on a salary basis.

Why, then, is the movement to put the entire medical profession on a salary opposed by the A.M.A.

and by other medical units. Such opposition comes from groups who think they will suffer economically under the proposed new order of things.

Another bugaboo raised today is regimentation.

In each great hospital, research foundation, and medical college the personnel is regimented. No business can carry on successfully unless it is under the direction of a single head. This is true not only in the great medical units of the country but also in every business unit—be it a mine, a department store, a railroad, a ranch, or a great liner. Regimentation is all around us. It must be if we are to succeed.

Organization of a nationwide medical service for the benefit of the flotsam of the country, manned by volunteers from the profession on adequate salaries, need not interfere with physicians who choose to remain in private practice.

H. B. Wentz, M.D.
Elkins, Arkansas

### ★ *Sample Racket Continues*

To the Editors:

A few moments ago a man walked into my private office and asked for the doctor. I told him I was the person he sought. He sat down and asked if I had any samples to sell. I said "No."

"What do you do with them?"

"I use them for patients."

"How? Do you sell them?"

"Assuredly *not*."

He insisted that I must have some samples—just any old samples—that I could let him have. Again, I said, "No!" He went, leaving me extremely indignant.

What racket is this? Do you know anything about it?

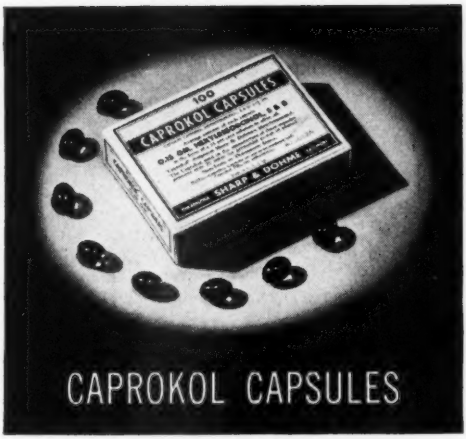
Sophia Brunson, M.D.
Sumter, South Carolina

To the Editors:

Just how prevalent is the racket of buying up samples from physicians?

The other day a gentleman (?) entered my office. He marched into my drug room and began taking down a lot of samples. When I remonstrated, he said, "Oh, you'll sell them when you hear my figure!"

After corralling about $10 worth of goods, his first offer for them was $1; his second, $1.50. Finally,




THE administration of Caprokol Capsules or Caprokol In Oil in the treatment of urinary infections will produce in most instances prompt disinfection of the urinary tract.

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he offered me $1.75. At this juncture I told him that the samples were given to me in good faith by manufacturers, that they would be used as intended or given to charity, and that under no circumstances would they be sold.

The profession should be warned against such racketeers, and should show them the door every time.

M.D., Pennsylvania

**The sample racket has been tried from New York to Los Angeles, from Chicago to Galveston. Hundreds of unsuspecting physicians have succumbed to the wiles of its promoters. Prices paid for samples are paltry; the profits from their resale via bootleg outlets, astounding. Thus, manufacturers, laymen, and the profession alike are bilked. Such activity can be reduced to a minimum through refusal by physicians to sell their samples. Local societies will do well to warn their members to that effect. Manufacturers are glad to take steps against "buyers" when they are reported operating in a particular locale.—Ed.**

### ★ *That 'Phone Ante*

To the Editors:

I have read your article by Rion Bercovici, "The Telephone Company Antes Up," (August MEDICAL ECONOMICS) with a great deal of interest.

Will you tell me where I may obtain a copy of the ruling of the Public Service Commission of New York? I shall attempt to secure for the physicians in my city and throughout Virginia a reduction in telephone rates similar to that achieved in New York.

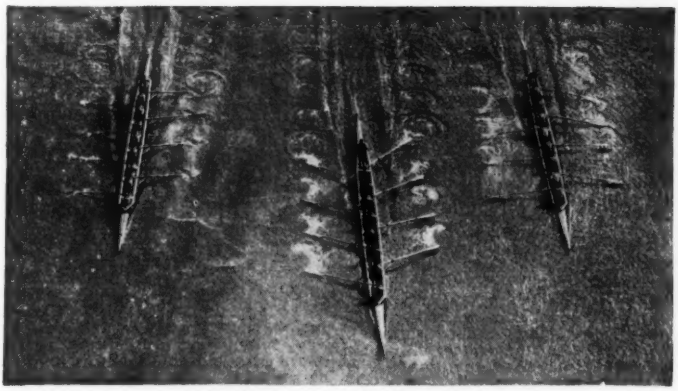
Marvin E. Nuckols, Jr.
Attorney-at-Law
Richmond, Virginia

### ★ *Read Up to Stay Up*

To the Editors:

The necessity for perusing a few good medical periodicals regularly is not appreciated by a number of physicians. This is especially true among men who have moderately active practices. Whether they have been away from school for five years or 25 years makes no difference.

[*Turn the page*]



# *Rhythm*

Reestablishment of natural peristaltic rhythm in cases of habitual constipation may be accomplished with Saráka*. It provides a bland, easily-gliding *bulk*, lacking in the average daily diet. Saráka also gives rhythmic *motility* to the flabby intestinal musculature.

Saráka's bulk forms an integral part of the intestinal contents, softening and smoothing the fecal mass. It causes no griping, digestive disturbances, or annoying leakage.

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It is advantageous to us to be familiar with advances in medicine. If we are unable to apply those which are generally accepted, we do well to be at least cognizant of them. The following are only a few of the outstanding diagnostic or therapeutic discoveries that were not taught in medical schools as recently as ten or fifteen years ago: Schick test, Dick test, intravenous pyelography, electrocardiography, insulin, mucin, fever therapy, injection treatment for varicose veins and hemorrhoids, and subarachnoid alcohol injections.

Medicine is going steadily forward. The education of men who are out of school must continue if they are to keep pace with the type of discoveries mentioned.

Wayne W. Flora, M. D.
Chicago

### ★ *Wanted: A Fair Trial*

To the Editors:

Some time ago I opened up a hospital in a small town. My reputation as a surgeon spread and my practice increased. One day an enthusiastic reporter wrote a story, *without my authorization*, about some delicate brain surgery I had performed. The story broke on the front page. This presented certain of my competitors with an opportunity. They called the newspaper article unethical advertising.

Later I had a chance to increase my practice by moving to a larger town about 45 miles away. I started my own hospital and was quite successful. In the meantime charges had been made by the medical society at my former location that I had resorted to unethical advertising. I was expelled without a hearing, although I was only 45 miles away. No attempt was made to get in touch with me so that my side of the story could be presented.

In my new location I have met similar opposition from local men. I have applied for membership in the medical society here, but I believe my request will be refused. Refusal will probably be based upon the fact of my previous so-called unethical publicity. Yet the society has as one of its members a man whose moral character is

# —"combining the best features of each"

By combining heavy mineral oil and psyllium jelly Petro-Syllium offers a perfect method of encouraging normal bowel function through mechanical assistance to the intestinal musculature.


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notoriously low. He has been debarred from all hospitals in this community. Having no place to take his patients, he has attempted to buy my hospital. I have refused. Now, he has placed with the state Public Health Council a charge that I am doing unnecessary surgery.

I ask the readers of this letter the following questions:

Would you consider the degree of M.D. sufficient to admit a man to a medical society, or would you also take his character and morals into consideration? How many young practitioners have met with the same sort of opposition as I have, and in what manner has it been met?

I believe it would be advisable for an investigating committee, prior to accepting a charge, to probe the individual who brings it. Furthermore, the A.M.A. should do the investigating, not a state society. The latter is apt to be influenced by individuals in local groups; and, as a result, a fair hearing may not be granted the accused.

M.D., West Virginia

### ★ *A Fence Around the Cults*

To the Editors:

In Montana we have chiropractic and osteopathic laws that do not permit the use of electricity and drugs. Yet non-M.D. osteopaths are injecting for inguinal hernia and hemorrhoids and are treating hay fever by applications of silver products. Chiros are removing tonsils by electricity and using colonic irrigation with implantations of acidophilus. One cultist is treating gonorrhea by injection.

I speak only of the situation in Montana. But I think that it's similar to that in many other states.

The medical profession should urge the passage of laws requiring an annual license fee high enough to provide for an enforcement officer. He could see that irregulars did not use drugs or electricity.

If the cults were confined strictly to their particular line of therapeutics, the profession would have little complaint to make. What we need are basic science laws in all states. Only by proper organization can we secure them.

G. M. Russell, M.D.
Billings, Montana

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# SIDELIGHTS

NO doubt you've heard it often —the argument intended to prove that state medicine is the only logical way out.

"Look at our postal service," you are urged, *"There's* a successful example of state socialism!"

Well, let's really have a look!

Postmaster Farley has pointed with pride to a $5,000,000 postal service surplus. It sounds impressive. The only trouble is that the postmaster achieved this statistical feat by deducting $70,000,000 for subsidies and free mailing privileges and by reducing the quality of postal service.

Socialization—whether of the post office or of medicine—always seems extremely profitable and worthwhile, unless you are one of those skeptics who just won't take a fellow's word for it!

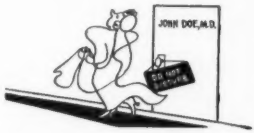
SALES psychology has a place in the doctor's office as well as in the department store.

When a long course of treatments is indicated, naming a lump-sum fee is often the best possible way to scare off the patient. Not that the amount the doctor asks is unreasonable. But the person who is going to pay it may have to be sold on the idea gradually. Many patients who shy away in alarm when you mention a charge of two or three hundred dollars can pay it, and will—if properly conditioned.

Of course, when a man asks specifically for an estimate, and one can be given, he should get it. It ought to be carefully qualified, however, so that the physician won't find himself in an awkward position if unforeseen developments necessitate prolonging the treatment.

Generally speaking, when an estimate is not requested, it is best to fix a definite fee per call and to arrange each time for the next appointment.

TO the traditional promises of honoring and obeying her husband, the bride of a physician should be made to take another vow—that she will stay out of his




way during office hours. This applies with particular force where home and office are likely to be under the same roof.

Such an innovation would stimulate many a lagging practice. For the wife who persists in asking patients unnecessary personal questions, who from the top of the stairway always calls down "Who is it?" although the doctor is already taking care of the patient, who allows her children to build railroads on the waiting-room floor, and who by her very presence embarrasses patients, is a real menace to her husband's practice.

Love being the funny thing it is, the physician may be obliged

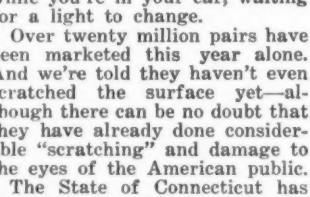
in extreme cases to announce that the house is getting a bit cramped for the growing family and that he really needs an office away from home. In the long run, this is usually a profitable stratagem.

THEY call them "glare fighters," "eye easers," "sun goggles."

And they sell them like hot cakes. You can buy them in department stores, drug stores, cigar stores, automobile stores. They'll even sell them to you while you're in your car, waiting for a light to change.

Over twenty million pairs have been marketed this year alone. And we're told they haven't even scratched the surface yet—although there can be no doubt that they have already done considerable "scratching" and damage to the eyes of the American public.

The State of Connecticut has sensed the hazard in this all-too-popular "eye-protecting" fad by placing a law on its statute books which makes it a punishable offense for the untrained to sell



optical merchandise. Let's urge more of this activity—and right away. Before people's eyesight has been so destroyed that they can't even read the statute enacted for their benefit.

IN view of the strenuous pro-health-insurance attitude displayed at the 1934 and 1935 sessions of the California Medical Association, the about-face which has taken place since that time carries considerable significance. Now that the froth has been blown off, local practitioners seem more inclined to substitute evolution for revolution.

No doubt a good bit of ardor was dampened by the fact that health insurance surveys and questionnaires cost the state association well over $50,000—which money had to come, of course, out of the pockets of its members.

The hasty, ill-advised action witnessed in this instance, with its burdensome expense and sketchy results, should serve as a first-class object lesson to physicians elsewhere.

REGARDLESS of what you may think now of the gaudy induction ceremony you were subjected to when admitted to your college fraternity, it meant a lot at the time. It was an excellent emotional cocktail. It made you feel that the best thing in the world was to join good old Thisa-Thata fraternity, that there were no finer men than Thisa-Thata brothers, and that you could see how one might do or die for a couple of Greek letters.

Perhaps there is need of a bit of this pomp and ceremony in medicine.

Take the matter of joining a county society. If a physician wishes to become a member, he fills out a certificate on which he lists his qualifications. He is then passed upon and in due time presented to the society for election. If accepted, he's notified and, without further ceremony, becomes a member. It's about as colorless as applying for a driver's license!

Why not give the induction into the society at least as much show as admission into a church, lodge, or luncheon club? In all such groups the new member has impressed upon him the purposes and worthiness of the organization.

Wouldn't it make for a finer spirit to have the successful candidate present at a general meeting, called to the rostrum, and

greeted by the president? Wouldn't the new member be more interested in the work of the society if he were acquainted briefly with its policies, purposes, privileges, and obligations?

The shades of countless fraternity brothers shout a lusty "Yea!"

MALPRACTICE insurance rates have climbed so high and companies have shown such a disinclination to write policies in several sections of the country that the problem of obtaining adequate coverage for a nominal premium begins to assume substantial proportions.

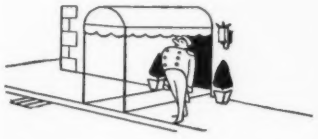
The specter of litigation without protection can be appreciated in its fearsome form only by the physician who has encountered it. When it confronts him his work suffers; he dare not risk the use of new types of treatment; fear dogs him after each operation he performs; he lives in constant apprehension of the time when he will be ordered into court to withstand charges for something entirely beyond his control.

The need for protection is vital. If difficulty in obtaining it increases, it may be necessary for the profession to organize a malpractice insurance company of its own. Similar protective companies have been formed by trade groups. The creation of one by physicians holds definite possibilities.

At all events, now is a good time to investigate. Bring up the matter at your next society meeting. If better coverage can be obtained at lower rates—and several authorities believe it can—the matter deserves consideration.

OFTEN when a practitioner has plodded along for years with a dowdy office and then decides suddenly to refurbish it, the spirit gets him and he leaps off the deep end. The best remedy in such instances is a dependable sedative.

Up-to-dateness does not suppose elaborate furnishings and a fancy address. These trimmings may denote that a man is doing well and must therefore be good. But since the economic factor confronts people constantly, there is always the individual who thinks: "He's used to wealthy patients and high fees. He'd probably rob me!" Instead of entering the building with its forbidding-looking flunky at the door, our



prospective patient seeks more modest surroundings.

All of which boils down to the fact that a simple, but tastefully decorated office is generally the best choice for the greatest number.

AMID all the ballyhoo about socializing medicine, we have yet to hear of a plan that will take the indigent out of the lap of the profession. This phase of the medical-care problem is assiduously avoided by our reformers.

Granted that groups of physicians in certain cases have been able to obtain some compensation from local authorities for the care of the indigent, satisfactory arrangements of this kind are few and far between. Furthermore, the fees afforded by them are pitifully lean.

Instead of focusing their entire attention on the "neglected" middle-class patient, those who seek a change in the present order might better give some thought to the charity question. There's a stickler that *needs* an answer.

—WILLIAM ALAN RICHARDSON

# Personal Ministration

## QUOTATIONS BY ALFRED M. LANDON

Keystone View

FROM the earliest days the general practitioner in America was first of all, an individualist. The circumstances of his work made him that; but it was a fortunate situation for the people who needed medical care. It meant that they could have personal ministration, that there was an intimate relationship between physician and patient and that the sufferers became at once, and remained, the object of very special attention.

Down to the present day American medicine has continued to be primarily individualistic. It is chiefly on that basis that it is to be distinguished from medicine in many foreign countries...

But medicine will not willingly be made the servile instrument of politicians or the instrument of domineering bureaucracy. I predict that the typical American physician and organized medicine as a whole will at no time be ready for any scheme of regimentation, for any system of impersonalized medicine which is totally alien to the best traditions of the American practitioner and of the profession as a whole.

The American practitioner will not be a party to destruction of that individual, personal service which has been the occasion of a special and justifiable pride. Whatever further advances are made in the broadening of medical service—and there will be an abundance of them—will be made, so far as he is concerned, in accordance with the fundamental conditions of previous achievements.

A nation that can maintain and

[*Continued on page* 22]

# A Planned Progress

## QUOTATIONS BY FRANKLIN D. ROOSEVELT

AT this time I recommend . . . additional federal aid to state and local public health agencies and the strengthening of the federal public health service. I am not at this time recommending the adoption of so-called health insurance, although groups representing the medical profession are cooperating with the federal government in the further study of the subject, and definite progress is being made.—*Message to Congress, January* 17, 1935.

Those of us who believe that the promotion and maintenance of the public health is a vital function of government have long been concerned with the relation of medical care to mass health. . .

Millions of men, women, and children are now in need of all the necessities of life, including medical care. Moreover, the reluctance of the self-sustaining population to spend from reduced earnings for anything except emergency service must inevitably result in the postponement of needed medical, dental, nursing and hospital service. Such continued postponements, we can anticipate, ultimately will have a profound effect upon the health of the nation as a whole. . .

I hope that you have arrived at a practical policy for the present emergency whereby more and better medical care may be made available for those in want and for those to whom the disaster of illness would mean destitution. . . I hope even more that you have not failed to establish the ideal we should strive for over the next span of years. If you have been able to show us how adequate medical care may be made available for the entire population, with its

Acme

[*Continued from page* 20]

even elevate its medical standards and the state of public health in the trying years of a prolonged depression needs to make no apology for the quality and the reach of its medical facilities.

That condition itself is a tribute to the American physician in his continued unselfish devotion to a worthy task. May you long abide in your loyalty to the ideal of individual, personal ministration.—*Address before the American Medical Association, Kansas City, June,* 1936.

[*Continued from page* 21]

tragic differences in ability to pay for the costs of such care; if you have set up a goal toward which the citizen and the government, the voluntary agency and the professional group, all may coordinate their efforts in a planned progress whose only consideration is the common good—then I, as an American citizen, am honored in this occasion to thank you for it.—*Address before National Conference on the Costs of Medical Care, New York Academy of Medicine, November,* 1932.

## When a Mayo Hits the Trail

AMONG the thousands of automobiles hauling so-called house trailers up and down and across the North American continent is one owned by Dr. Charles Mayo of the Mayo clinic. The Mayo home on wheels is of the more luxurious type. It has all the appointments with which landlords are won't to entice tenants to lease apartments—day-beds, stove, ice-box and shower bath. Dr. Mayo set out with his wife last month for Quebec, the Gaspé Peninsula, and New England, towing his covered wagon behind him. Said he before he left, "Now I won't have to go hurrying away from all those places that don't have hotels." He is pictured here about to give his trailer a pre-tour inspection.

Pictures, Inc

# Must Private Practice Be Plowed Under?

By J. T. DURYEA CORNWELL, Jr.

DEFINITE as a newly plowed furrow is the indication that agricultural interests are husbanding subversive schemes for providing medical care. The harvest may be state medicine.

In Elk City, Oklahoma there is the Farmer's Union Cooperative Hospital. It functions contrary to A.M.A. principles. Through the Rural Resettlement Administration, it attempted recently to tap federal funds. The idea was to have the R. R. A. lend money to individuals so they could buy stock in the project. Thus its finances would be bolstered; its roster, lengthened.

Last spring there blossomed the McKenzie County (North Dakota) Cooperative Health Society—a "bad mess" as President Jesse W. Bowen, of the state medical association told MEDICAL ECONOMICS. And a bad mess it most assuredly was.

Briefly, the purpose of the scheme was to establish a hospital with a staff of three salaried physicians. Money to support it was to come from subscribers who, in return for the guarantee of medical care at unconscionably low prices, would pay $1 to get in and $6 a year to stay there. Members were to be recruited largely from the ranks of clients of the Rural Resettlement Administration. The latter was to expand the relief checks it issued so that they would cover the cost of belonging to the McKenzie County plan.

Fortunately, that particular red spot on North Dakota's medical map seems to have been blotted out. Dr. H. A. Brandes, chairman of the state society's committee on medical economics, informed MEDICAL ECONOMICS last month that a protest against the project, registered at the R. R. A.'s headquarters in Washington, D. C. by the North Dakota society through the A.M.A., has had the desired effect. "Since June," adds Dr. Brandes, "we have heard nothing more of the McKenzie County Cooperative Health Society."

The fact that it is now defunct doesn't completely wipe out the threat of the McKenzie County experiment. It had supporters by the thousands while it lasted.

Even more significant than the foregoing are two recently-spawned projects—a health insurance plan in Utah's Weber County and a nation-wide, medico-economic survey sponsored by the American Farm Bureau Federation. Although neither has reached maturity, facts about each support the contention that many farmers and their organizations are eager to see the status quo plowed under.

The Utah Farm Bureau is attempting to dapple the state with so-called medical cooperative organizations. Eight such are being jockeyed up to the starting line. Of these, the Weber County plan is likely to get away first—and soon.

Broadly, the project's purpose is to provide adequate health service for the 2,300 farm families (the only class eligible) with-

## American farmers are sowing the seeds of health insurance and state medicine

in the county's borders at a cost they can meet. Specifically, it offers yearly examinations, physical as well as laboratory (blood, urine, sputum); dental care; medical and surgical treatment; obstetrical services; nursing care; hospitalization; and eye examinations. The cost to beneficiaries will vary with the size of the family. It is hoped that it will be kept below a base rate of $35 a year for a family of four. In addition to the yearly premium (payable annually or semi-annually, *in advance*) insureds are to pay for materials used during dentistry; for serums, drugs, and other medical supplies (excepting those used for immunization against small-pox, diptheria, and typhoid); for anesthetics, use of operating room, and board while in a hospital; for special nurses; and for glasses.

To the medical cooperative organization are to go the annual premiums. Out of the sum thus garnered the county medical society will receive funds with which to pay its members for the services they render to beneficiaries.

It is claimed that free choice will be protected.

A board, elected by members of the cooperative, will govern the project. It will be composed of members of the medical society and of the local farm bureau organization.

Reports have it that Utah's various county societies have given the health insurance scheme everything from wholehearted support, through lukewarm approval, to bitter opposition. True, the plan smacks neither of compulsion nor of state interference. However, there is no doubt about the spots it will knock out of private practice if, as, and when it starts to function.

From Edward A. O'Neal, president of the American Farm Bureau Federation, MEDICAL ECONOMICS has learned that the U. S.' rural population is to be given an opportunity to pitchfork the present system of medical care. Nearly a million farmers throughout the country are to receive questionnaires. Probably hundreds of thousands of soil-worn hands will scrawl answers to the following and other similar queries:

How far is your farm from the office of a recognized physician? What is the charge for one bedside visit? Do any members of your family need urgent medical treatment? Why can't they get it? Has your locality had a resident physician within the last decade who has not been able to make a living?

Up to its ears in significance is question fourteen: Will the population of your community be able to support necessary medical facilities by any system, or will it be necessary to include the possibility of state or federal assistance to maintain such facilities?

The impact of the long list of leading questions is bound to bump many farmers into unwonted loquacity. Waiting for them at the end of the questionnaire is blank space on which may be outlined suggested remedies for deficiencies in the current medical system.

"In no sense is our survey an unfriendly move against the existing status of the medical profession," Mr. O'Neal has told MEDICAL ECONOMICS. Of his sincerity there can be no doubt. Nevertheless, medicine, as it functions today, is being put squarely on trial before a jury of almost 1,000,000 farmers. Proponents of change, radical or otherwise, await the verdict with lively impatience.

Photo: Rittasse from Black Star

# The Way of a Small

By EDWARD F. STEVENS, F.A.I.A.

A CARPENTER without his tools is hardly more handicapped than a physician without a hospital.

The government (with its WPA, PWA, and Veterans Bureau), the philanthropist (with his heavily endowed medical schools) and our cities (with their large populations to tax) have supplied the country with a vast number of larger hospitals. But in many small communities hospitals are conspicuous either by their absence or by their inefficiency.

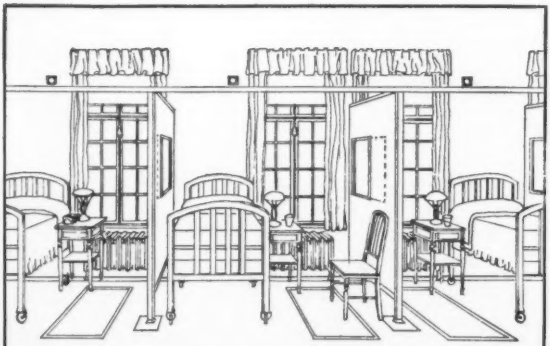
The hardship thus worked on numerous physicians and their patients needs no emphasizing. It does need lessening. This blueprint, so to speak, of a complete twelve-bed hospital meets that need.

To begin with, the building shown on page 27 adheres to the principle that a hospital is a workshop for the finest kind of craftsmanship—making over the human body. That is why the second floor is devoted exclusively to patient accommodations. It's more likely to be quiet up there. Particularly so since the bustle of the hospital's domestic, surgical, and laboratory functions are confined to the ground floor.

The first-floor layout, illustrated on page 28, accents efficiency. Domestic facilities—cooking, dining, heating, and storage—are shut off at one end of the building. Offices and surgeons' room are in the middle, nearest the main entrance. The production department, so to speak—operating room, sterilizing room, x-ray department, laboratory, etc.—is grouped compactly at the other end.

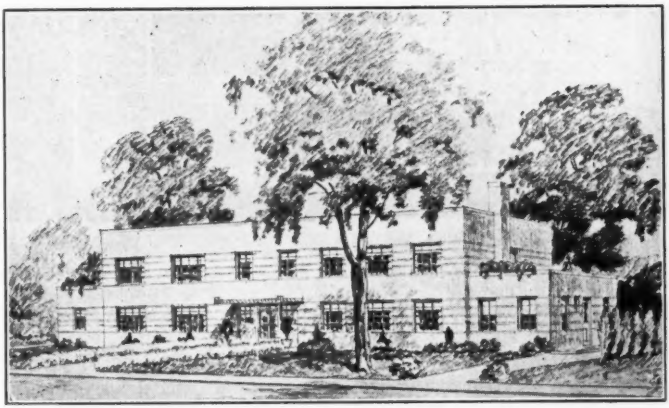
Since the patient is the focal point of any hospital let's see what we have done for him up there on the second floor. Then we can take up the first-floor arrangement in detail and look into the important matters of construction, plumbing, and lighting. Finally, we'll have a go at costs.

It is possible to approximate the privacy of a single room and



Partitioning permits single-room privacy at ward cost.

# Community Hospital



**Here's the springboard from which you can dive into the problem of erecting or improving a modest community hospital. Mr. Stevens has designed more than 130 hospitals in the U.S. and Canada.**

still have the lower overhead of an open ward by using permanent partitions between beds (page 26). Such partitions should be about eight feet high. For better circulation of air, they are set up ten inches from the floor. They should project beyond the foot of the bed. If they extend about eight feet from the wall, they'll be about right.

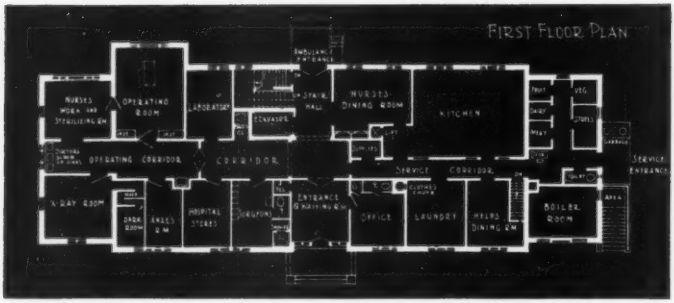
Sometimes the sociability of an open ward is conducive to the patient's happiness. He likes to converse with the fellow in the adjoining bed. Small sliding panels in the partitions at the height of the head of a bedridden patient make conversation easy. To make cubicles complete and, therefore, private, curtains hung on rods can be drawn across their fronts.

A cheaper but less effective method of forming cubicles is to have curtains do the whole shutting-off job. This, while effecting zero visibility, does not minimize sound. It is not recommended if permanent partitions can be accomplished.

By having cubicle wards placed near or next to the sink room, toilet and bedpan work is done without a nurse leaving the immediate environment of her patients. The nurse's charting table can be in the ward. This promotes supervision of the ward from within by the nurse on duty as well as from without by the head nurse in the corridor.

The cut on page 28 conveys a clear-cut impression of the arrangement of the first floor. However, a few descriptive sentences will make the edges that much sharper.

Ample room is a practical necessity if administration offices,




superintendent, and assistant are to function well. Surgeons certainly deserve their own shower stall, toilet, and telephone booth. These are provided.

•

One operating room easily accessible from a nurses' workroom and from an anesthetic room is sufficient for the needs of a twelve-bed hospital. There's plenty of space in the workroom for built-in sterilizers. This end of the plant is completed with a surgeon's scrub-up (outside the operating room); a small laboratory for urinalysis, blood-count, etc.; and x-ray facilities (treatment, darkroom, viewing boxes, film cabinets).*

In the domestic department, equipment is placed to save steps and made of stainless steel to save upkeep. The boiler room is compact; in addition to being the source of the building's warmth and hot water, it can accommodate a small air-conditioning unit used in connection with a modest refrigerating plant. Gas or oil fuel means good riddance to the bad rubbish of a coal-bin and the dust and ashes it generates. Storage space for domestic and hospital supplies, dining rooms for nurses and servants, and a laundry round out this sector.

*A working agreement with a nearby larger hospital will make for greater efficiency in more important x-ray and laboratory work.

Construction is of vital importance. Patients are entitled to protection from cold, heat, and the danger of fire. Those hazards must be minimized.

Fire-resisting material is not necessarily expensive. Concrete blocks or a good grade of used brick can go into walls for a reasonable price. Light beams, precast slabs, and a variety of fire-resisting products may be used for floors and roof. Asphalt tiles, linoleum, terrazzo, or concrete make suitable floor finishings. Tiling should be used in operating rooms and kitchens if the builder's purse can stand the extra expense. The simplest finish and doors are perfectly proper as well as least costly.

Naturally, noise is most trying to a sick patient. It can be lessened with sound-absorbing materials in strategic places (corridor, ceilings, utility rooms, and the like. Clicking latch bolts can and should be eliminated.

Insulating materials may add a little to the expense. But when used in walls, floors, and particularly the roof, they save fuel in winter and reduce the discomfort of summer heat.

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A cellar is not included in the plant described here. But under the building there is room for running pipes and a vegetable storage space.

Any type of window may be

used, provided it is weather-resisting. Modern lighting fixtures make special windows and a skylight unnecessary in the operating room.

No one should try to economize on a hospital's plumbing. Simple fixtures—yes, but not cheap ones. Traps of bowls, sinks, and basins should be accessible for cleaning. In patients' rooms faucets should be high enough to allow the filling of any receptacle. If they have a wing or wrist action, it is possible to observe hospital technic in opening and closing the valves.

Scrub-up bowls in the operating department should have valve handles long enough to permit the use of the elbow in working them. So-called silent water-closets and slop hoppers are, of course, indicated.

Patented devices are now made which wash and empty bedpans and conceal the process. They take much of the sting out of a nasty job. They should be equipped with rubber-covered bedpan holders. The same thing goes for bedpan racks.

If the hospital is not built in an electrified community, installation of a small electric light system is earnestly suggested. Specially constructed fixtures are necessary in the operating room in order to provide concentrated, no-shadow illumination. But elsewhere in the hospital they can be of the simplest type. Quiet-action switches are to be had. They should be installed throughout. The operating room should have the non-sparking, mercury type.

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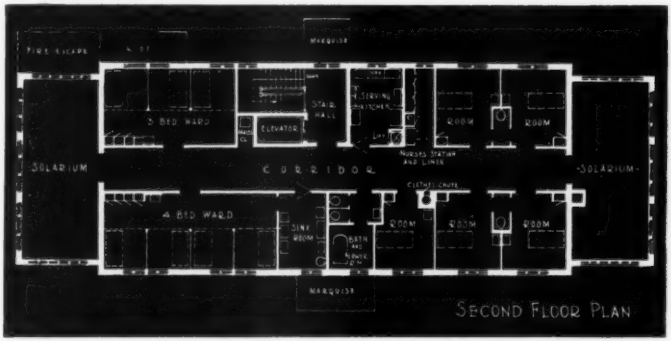
Here you have a pretty fair idea of the basic details of a soundly designed small hospital. A last and highly important angle remains—namely, c o s t. That depends on so many variables (location, availability of material, price of labor, etc.) that a definite estimate might be misleading.



SECOND FLOOR PLAN

This building contains about 100,000 cubic feet. To put it up would cost from 40c to 70c per cubic foot; to equip it, $4,000 to $5,000. An accurate estimate could be made only from plans and specifications carefully drawn up by an architect familiar with conditions in the particular locality.

In connection with costs, the bed capacity of this building could be doubled by adding a third floor. First floor facilities would not have to be increased. Consequently, the cost per each additional bed would be well under the average cost of the first twelve.


## Know Your Candidates!

NEITHER of the Presidential nominees leaves any doubt about how he thinks medicine should be practiced (see page 20, *ff.* this issue). Consequently, on November 3, no physician need mark his ballot blindfolded.

Quite different are conditions surrounding our local elections. People often know nothing about a candidate for state, county, or municipal office except his party affiliation. It is scarcely to be wondered at, then, if the swing of a vote depends sometimes on such trivia as the man's aptitude for kissing babies, his smiling display of teeth, or the name he bears.

Thanks to their intimate contact with the community, physicians can easily find out the record of each candidate and vote intelligently. Almost every aspirant for local office is either a patient or a personal friend of some medical man. It is a simple matter to pay him a friendly call and sound him out.

The object of such a call should be twofold: (1) to determine the man's views on important issues confronting medicine, and (2) to inform him properly about those issues, correcting any misconceptions he may have fallen heir to through ignorance of the facts.

Armed with a knowledge of the candidate's opinions, the physician is in a position to cast his ballot for the right man. More important, by passing the information along, he can help other physicians to do the same.

A medical society committee can render a real service by correlating such activity among its members. All it

need do is to get a complete list of candidates for local office; find out who their physicians are; and request each physician to call promptly on the candidate he knows.

On the chairman of the committee should fall the duty of ascertaining the results of these calls. The information can then be communicated to all physicians in the district, giving the name of each officeseeker and his attitude for or against the various medical-economic issues at stake. (Printed or written matter should, of course, be used only with the greatest discretion.)

Matters on which candidates may profitably be asked for an opinion include socialization of medicine, limitation of public health services, control of quacks and cultists, civic responsibility to provide funds for medical care of the indigent, and the value of consulting competent physicians about questions of medical import.

It is advisable to warn the candidate not to pledge himself in advance to support measures detrimental to the public health and to scientific progress. Many a well-intentioned legislator, when elected, finds himself thoroughly hogtied by campaign promises made in off moments.

The medical profession as a body does not claim unusual political power. Yet individual physicians *are* in a strategic position to influence the trend and type of legislation on matters affecting the physical health of the public and the economic health of the profession.

Little time remains before the coming election. At the 1936-37 legislative sessions, all variety of bills will be introduced—many of them dangerous to both the public and the profession.

Prompt action is imperative

Time that might otherwise be spent arguing about chimerical political principles can better be devoted to something of tangible value. A fifteen-minute chat with a candidate for election will prove more fruitful than the post-election efforts of a whole delegation of lobbyists.

H. Sheridan Baketel

# Ten Years on Broadway

TWO actors on their way to a booking office in New York's Sardi Building had to push through a growing crowd that cluttered the street entrance. On the fifth floor, they noticed a smaller crowd hanging around a door bearing the name "Harry A. Coveler, M.D."

"Coveler must be casting again," remarked one of the actors. His companion groaned.

But the wisecrack came nearer the truth than either of them knew. Gary Cooper, screen idol, making a personal appearance at the Paramount, had hurt his foot somehow while backstage, and had been rushed to the house physician. The injury was slight, but the crowd was rewarded by a glimpse of him as he limped to a waiting taxi.

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Back in the early twenties, young Dr. Coveler came down from Montreal to intern at Bellevue. He liked New York and he liked Broadway. His internship over, he had no desire to leave. Enthusiastically, he rented space with another doctor in the Astor Hotel and hung out his shingle. He intended to specialize in urology. He stayed five years at the Astor and then moved his offices across 44th Street to the Sardi Building.

Earning the title of "Broadway Doctor" has been no easy task. His patients are as varied as the people on that street.

His office hours are from 11 a.m. to 1 p.m. and from 4 p.m. to 6 p.m. He is also on call at the theatres from 8 p.m. to 11 p.m. People on Broadway are no respectors of office hours for they drop in all day on the chance of finding him in. The cry backstage


Photo by Ewing Galloway


and front, when medical emergencies arise, has been changed from "Get a doctor!" to "Call Dr. Coveler!"

Not infrequently he attends medical meetings, at which time he turns over his work to one of two nearby doctors. But on few other occasions does he remain undisturbed. There is always the physicians' telephone exchange to ferret him out.

An inveterate theatregoer, Dr. Coveler has seldom seen a whole play in one evening. He is retained by many of the biggest movie houses, and calls from them are frequent.

Accidents happen behind the scenes, sometimes serious ones. When Mrs. De Phil of "The Flying Philips" missed her hold at the end of a tightwire act at the Roxy and crashed 40 feet to the stage below in view of a horrified audience, it was Dr. Coveler who rushed to her. She died almost immediately, leaving him to placate a frenzied husband.

In front, anything may happen. A thriller showing at the old Rialto started a woman's labor pains. She explained to the "Broadway Doctor" that she was all alone and had only a few cents; that she hadn't known what to do, so had decided to go to the theatre. If it happened there, she thought, maybe someone would take care of her. As luck would have it, an ambulance got her to Bellevue in time—to everyone's relief, including her own.

Dr. Coveler has never aspired to be an actor, but he performs both behind and before the footlights in the legitimate theatre. Though many of his cases require only simple treatment, they take on a dollar-and-cents importance when nervous producers pace back and forth while the star of

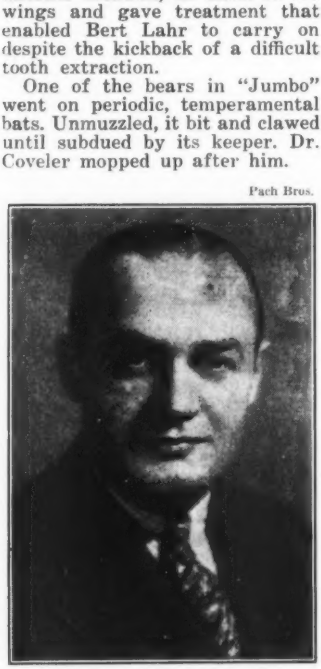
**PRACTICE BEHIND THE FOOTLIGHTS: By JEAN BEGG**

the show is put into shape so the curtain may rise.

He kept the curtain up on "Jubilee" one night when Mary Boland had a nasal hemorrhage. On another occasion, he stood in the wings and gave treatment that enabled Bert Lahr to carry on despite the kickback of a difficult tooth extraction.

One of the bears in "Jumbo" went on periodic, temperamental bats. Unmuzzled, it bit and clawed until subdued by its keeper. Dr. Coveler mopped up after him.

Pach Bros.



HARRY A. COVELER, M.D.
Could out-Winchell Winchell.

A summons to a theatre may mean anything from indigestion to acute appendicitis or attempted suicide. Mystery plays seem to give rise to the most calls for medical attention.

A few months ago the ceiling fell on the audience during a matinee of "The Children's Hour" at the Maxine Elliot Theatre, showering Dr. Coveler with patients and the house with suits for damages. The lighting in "Love on the Dole" sent a procession of actors with "klieg eye" ringing his bell.

Curiously enough, Dr. Coveler is as successful or more so than the average M.D. at collecting his bills. Theatrical emergency cases differ little from the average run who find their way to any general practitioner, he says. Whether New Yorkers or visiting firemen, there are the responsible ones who pay their bills, a few well-to-do who may need a little legal persuasion, those who will try not to pay, and a few who can't.

Workmen's compensation insurance, of course, covers accidents to theatrical folks in the employ of the theatres themselves. Some of the legitimate managers arrange also for a form of insurance to take care of illness and accidents for the members of their casts who wish it.

Affiliated with the Actors' Equity Association, Dr. Coveler is among those who offer a discount to the theatrical trade. Some of the less successful thespians are slow about paying, of course, because they are necessarily "resting" more than they are working. They'd pay if they were working, and they'd work if they could get it. This M.D. understands. Few actors, he says, are deadbeats.

Dr. Coveler delights in giving advice to actors playing doctors. Often he is called in to help set scenes with medical backgrounds.

The theatrical profession finds him a willing listener; and news of Broadway filters into his office until he could out-Winchell Winchell if he would. His newspaper patients and friends know that, and often drop in to try to find out what he knows.

Dr. Coveler confesses that instead of a specialist in urology he has probably become more a specialist in "Broadway." Theatrical temperament fails to bother him. "You treat them," he says of theatrical folk, "like other patients. Only your approach to them is a little different."

# Places to Practice

SO overwhelming was the response to the location survey undertaken by MEDICAL ECONOMICS last year that it has been repeated this year. The list of apparently promising places begins here (covering the states from Alabama through Montana) and will be concluded in the November issue (Nebraska through Wyoming).

It must be understood clearly that not every town catalogued affords a good location. The sole purpose of the study has been to discover places where a single factor—the ratio of population to physicians—indicates that there are enough people to provide practice for one or more additional doctors. If, after personal investigation, a majority of the towns are found to offer legitimate opportunity, the limited purpose of the study will have been fulfilled.

The 1930 U. S. Census and the 1936 American Medical Directory constitute the two references

| | Population | Physicians |
|---|---|---|
| **Alabama** | | |
| Bevelle | 1,276 | None |
| East Brewton | 1,002 | None |
| Mignon | 2,407 | None |
| Phenix City | 13,862 | 6 |
| **Arizona** | | |
| Clifton | 2,305 | 1 |
| Jerome | 4,932 | 4 |
| Miami | 7,693 | 6 |
| **California** | | |
| Brawley | 10,439 | 6 |
| Corte Madera | 1,027 | None |
| Hawthorne | 6 596 | 4 |
| Imperial | 1,943 | 1 |
| Needles | 3,114 | 2 |
| **Connecticut** | | |
| Ansonia | 19,898 | 14 |
| Jewett City | 4,436 | 3 |
| Naugatuck | 14,315 | 11 |
| Norwalk | 36,019 | 30 |
| Torrington | 26,040 | 21 |
| **Florida** | | |
| Key West | 12,831 | 9 |
| River Junction | 5,624 | 1 |
| **Georgia** | | |
| Mc Caysville | 1,969 | None |
| **Illinois** | | |
| Arlington Heights | 4,997 | 4 |
| Benld | 2,980 | 1 |
| Broadview | 2,334 | None |
| Brooklyn | 2,063 | None |
| Farmer City | 1,621 | None |
| Panama | 1,026 | None |
| Rock Falls | 3,893 | 3 |
| Royalton | 2,108 | 1 |
| Sesser | 2,315 | 1 |
| South Holland | 1,873 | 1 |
| Virden | 3,011 | 1 |
| West Frankfort | 14.683 | 13 |
| Zeigler | 3,816 | 3 |
| **Kentucky** | | |
| Hellier | 2,112 | None |
| **Louisiana** | | |
| Merryville | 2 626 | 1 |
| Morgan City | 5,985 | 5 |
| Patterson | 2,206 | 1 |
| **Maine** | | |
| Biddeford | 17.633 | 10 |
| Bridgeton Center | 1,625 | None |
| **Maryland** | | |
| Luke | 1,064 | None |
| **Massachusetts** | | |
| Abington | 5.872 | 2 |
| Adams | 12,697 | 8 |
| Clinton | 12,817 | 10 |
| Hopedale | 2,973 | 2 |
| Maynard | 7,156 | 6 |
| Natick | 13.589 | 11 |
| Northbridge | 9,713 | 1 |
| Randolph | 6.553 | 5 |
| Spencer | 6.272 | 5 |
| Stoughton | 8,204 | 7 |
| Uxbridge | 6.285 | 5 |
| Woburn | 19,434 | 15 |
| **Michigan** | | |
| Cadillac | 9,570 | 8 |
| Caspian | 1,888 | None |
| Kingsford | 5.526 | None |
| Menominee | 10.320 | 7 |
| Negaunee | 6,552 | 5 |
| Norway | 4,016 | 3 |
| **Minnesota** | | |
| Chisholm | 8,308 | 7 |
| **Mississippi** | | |
| Northfield | 1,399 | None |
| **Missouri** | | |
| Festus | 4.085 | 3 |
| **Montana** | | |
| Anaconda | 12,494 | 9 |

used. Data obtained therefrom is as accurate as these sources allow.

The population of all places having a thousand inhabitants or more has been checked against the number of physicians practicing there. Only towns that have a thousand or more surplus people without any physician to care for them and that are not within ten miles of a large city appear in the list.

To illustrate: The U. S. Census shows that Anaconda, Montana has a population of 12,494. The American Medical Directory reports only nine practicing physicians there. These facts would seem to indicate that the town has enough people to require at least three more physicians—liberally allowing a thousand people for each M.D. (national ratio, 765:1).

The best way to determine whether or not any of these places would be a good location for you is to go there in person and find out. Information may sometimes be had by mail—from chambers of commerce, postmasters, and other sources. But this can not always be relied upon.

When investigating any of the places mentioned, questions like these should, of course, bring forth satisfactory answers:

1. What competition is offered by physicians in nearby towns?
2. Is the financial status of the people such that they can support a physician?
3. What proportion of local medical service is rendered under contract?
4. Within the last decade, how many doctors have come and gone?
5. How old are the present physicians in the town?
6. What hospital facilities are available?
7. Is the climate bearable?
8. Can you adapt yourself happily to the surroundings?

A few states which include no towns with a favorable physician-patient ratio are omitted from the list.

## Mother's Milk Freezer

New hope for premature babies is seen in a new process for quickly freezing mothers' milk. Washington Platt, Borden Company researcher, developed the method. The illustration shows him demonstrating his idea to Drs. John L. Rice (left) and Shirley Wynne.

# Charity Abuse—WHAT YOU CAN DO ABOUT IT

THE clinic patient presents a problem which is uniquely the doctor's. The hospital derives some income from this source; the doctor derives none. Consequently, when the physician requests the hospital to take steps to limit clinic service, he is asking the administration to do something, not for the institution, but for the medical profession.

It is often the patient who can pay only a little who means most to the hospital. Suppose in one morning I do five tonsillectomies. The hospital collects about $60; I collect nothing.

Just what can the doctor do to stymie this abuse?

In the first place, he can readjust his thinking and arrange his fee to suit the income of the patient. Some physicians still manifest great reluctance to do this. They contend that if one patient is charged less than the standard fee, every patient will expect a similar concession. This opinion is not valid. I have had patients paying the standard fee for a tonsillectomy request me to perform the operation at a reduced fee for a friend in humble circumstances. Obviously, there was no feeling on the part of the standard-fee patient that *he* was being discriminated against.

There is also a second traditional cobweb to be cleared away. I refer to the point of view that it is unethical for a clinic doctor to refer a clinic patient to his private office.

If the examining physician finds that the patient can pay for medical service, and the case is interesting enough for him to desire to handle it at a reduced fee, there is no reason why he should not feel entirely justified in making such a referral. This—be it remembered—is the sole remuneration which he will ever receive from a clinic.

The current objection to such a practice is based wholly on tradition. It has no logical reason. If the patient in question has a family physician, the doctor should, of course, recommend that he return to that physician. If he has not, the doctor is quite within his rights in referring the patient to his own office.

In certain cases (*e.g.*, tonsil operations) my office facilities have definite advantages over those of the hospital. I can be just as aseptic in my operative technic, and the nursing care is decidedly superior to that furnished in a hospital ward.

The next question that arises is whether the doctor should handle directly the question of the patient's eligibility. In the interest of self-protection, I believe he should.

Alec Brown comes to my desk. He is well-dressed and appears to be intelligent. I suspect he is able to pay for medical care. I question him as to his income. Also, as to the number of persons supported by that income. If I find that it exceeds the figure set by the hospital Association as qualifying an individual for clinic services, I inform him that he is not a clinic patient. I then ask whether he has a family doctor. If he has, I recommend that he go to him. If he has not, I quote him a fee for the operation, in keeping with

By WRIGHT MacMILLAN, M.D.

his income; and, if satisfactory, I arrange for an appointment at my office.

The single ethical consideration here would have been that of depriving another physician of something to which he had a prior right, or, at least, something which he would like to have. However, when a private practitioner refuses to make a reasonable adjustment between his standard fee and that which the patient can afford to pay, and refers the patient to a clinic—where (he knows) the doctor receives nothing for his services—I believe he releases all claim to such consideration.

When I refer a patient to my office, I make a note on the chart that he has been so referred because he is ineligible for clinic care. When I was at New York Postgraduate Hospital, there used to be a staff ruling against such procedure. If the patient was found to be ineligible for clinic service, the doctor was required to refer him back to the office; there he would be supplied with a list of physicians from which to make a selection. No such regulation exists in any hospital with which I am now connected, and I believe that none should exist.

One particularly flagrant type of charity abuse—victimizing the private practitioner—is that of free service in county and municipal hospitals.

Valley View Sanitorium, a tuberculosis hospital, will illustrate my point. Here, the patients fall into two categories: (1) those who pay exactly as they would elsewhere; and (2) those wholly unable to pay—wards of the county.

Why should physicians on the visiting staff of this institution treat *paying* cases and receive absolutely no compensation? The fact of the matter is, they *do*, even to the extent of performing major operations.

Furthermore, since the county pays for all care (including institutional service), why should the visiting staff not be remunerated for the treatment given to county wards?

I earnestly believe that the county medical society in this instance should pass a resolution excluding from membership physicians who donate their services to government-supported institutions.

Hospital administrators, like philanthropic and charitable organizations, will accept just as much free work as the doctor will give. As a result, the patient who agrees to pay the clinic fee for an operation is not thoroughly investigated in order to determine whether he might be able to pay the *physician's* fee.

If doctors would decide to cooperate closely with one another in every way feasible, and present the issues squarely to the hospital authorities, it is quite probable they would do something to help solve the difficulty.

At St. Mary's Hospital in Passaic (N. J.) the authorities are lending the physician wholehearted cooperation in an effort to correct this abuse. Every clinic patient is obliged to present a card, signed by a private physician, to the effect that the latter has seen the patient and has found him unable to pay for private care.

The aim of the medical profession should be to eradicate the clinic. There is but one reason for its existence—as a teaching agency. Today, however, the clinic does not treat a patient with the concentration and thoroughness necessary for the efficient training of a good interne. Thus, the clinic fails to satisfy the only need for which it exists.

In the scheme of contemporary medicine, the best and proper place for the patient is the doctor's office, and he should pay the doctor for his care. The less fortunate patient, likewise, should be treated in the doctors office, but at a reduced fee. And the indigent ought to be paid for by the community.

By Leavitt from Black Star

# Help Wanted: Physician

By A DISILLUSIONED JOB HUNTER

I WANT a job—part-time or full-time, here in the East or in the West, as assistant to some more successful colleague or as an insurance doctor at so much per head. Having seen my practice dwindle away with the depression, I am not in a position to do much picking.

I've tried for months to get this job. I've answered dozens of ads in our best medical journals and in newspapers. I've stated my qualifications so many times that I can recite them in my sleep. I've spent a tidy sum on stationery and postage alone.

The fact that I—as an individual physician—can not get a job is, of course, important only to myself. But what I have found out about the kind of jobs being offered to physicians, the pay they are supposed to be satisfied with, the advertisement "racket," and other related things should be of interest to the profession as a whole.

To start at the beginning, I believe I am a better-than-average medical man. In fifteen years of all-around general and surgical practice (with accent on urology), I have developed enough judgment to know when and when not to operate, and enough nerve to meet an emergency coolly. I am not an ophthalmologist or a dermatologist or a famous brain surgeon. But I can remove a foreign body from the cornea, treat a case of ringworm or eczema with as good results (or lack of results) as anybody else, set a broken limb, and do a good Cesarian, if nec-

essary. I am not a specialist in roentgenology, but I can take a picture and interpret the film. I am not a blood chemist or serologist, but I know an abnormal blood cell when I see it under a microscope and can make blood counts and routine urine examinations. Finally, I am licensed to practice in several states, each of which has a wide reciprocity.

I went at this business of tracing down "Help Wanted: Physician" ads in the orthodox manner. I answered only those which appeared in our representative medical journals.

But I didn't remain orthodox for long. I discovered that most journal advertisements are inserted under a key number. This, obviously, is unfair to the physician. The advertiser can remain hidden behind a screen of anonymity, while the applicant must reveal himself in full.

The second great truth revealed to me was that most of these "Help Wanted" advertisements are inserted by agencies dealing in "jobs for doctors." Also, that in order to have one's letters forwarded to the advertiser himself, it is necessary to pay "a registration fee" of $2!

True, this fee entitles the physician to "membership" for a year, so that he can answer as many advertisements as he wants with that particular agency. But I never knew there were so many agencies a physician can—and

## Drug Store on Wheels

Featured in the United Drug Company's twelve-car "Rexall Train," now on a 29,000-mile tour of the United States and Canada, is this model drug store. The glistening blue and white train has 190 cities on its schedule. Its two-fold purpose: to serve as convention headquarters for Rexall agents in various cities; to present unusual drug exhibits to 2,000,000 people.

supposedly should—join if he's to catch the eye of every man who has a possible opening for him.

Evidently, this agency business must be lucrative. Elaborate offices are not necessary; a desk in a small room is enough. The average advertisement will cost the agency five or six dollars. It is not unusual for an advertisement to pull several hundred replies from all over the country. If only forty or fifty of these applicants pay the fee, the agency receives from $80 to $100. Add to that the commission from the applicant who finally lands the job—an amount equal to about half the first month's salary—and you see why the medical journals are full of agency ads.

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The third step in my disillusionment was that after answering dozens of advertisements placed by agencies (I paid my fee to several of these, of course) I failed to get a single reply. Assuming that my applications were transmitted to the various advertisers and not thrown into the wastebasket, the only conclusion I could draw was that I was either too good or not good enough for the jobs. I got some satisfaction by thinking that it was the former.

The final straw came one day when I actually received a reply to a letter I'd addressed to a key-number ad. It had been inserted by an Ohio physician who told me he was so deluged with replies that he found it difficult to make a selection. Of course, he didn't really want a man as experienced as myself; but would I send a photograph?

I did. Evidently my likeness did not please. I never heard from him again. The munificent salary used as bait was $100 a month, plus a small allowance for gasoline (automobile to be supplied by the applicant)!

That finished me as far as medical journal ads were concerned. I decided to turn to the newspapers.

I found a "Help Wanted: Physician" ad the very first day. It said that a "house physician" was wanted by a sanatorium.

After some correspondence with the advertiser, I was invited to visit the place. I found an old, fourth-rate summer hotel, falling into ruin. For years this hotel had been offering room and board for $10 a week and less. But for the past two seasons business had been extremely poor and the proprietor had hit upon the bright idea of getting a home loan on the property, making some of the most urgently needed repairs, and converting it into a "health resort." It was for this reason that he needed a "house physician." "And the salary?" I inquired. "Why, there isn't any," he told me. "A corporation is to be formed and the physician who comes here will invest $3,000 in the venture . . . "

That was that.

About a week later, I noticed an advertisement for an "assistant to a plastic surgeon." To see what it was all about, I replied. After a lapse of three or four weeks, a woman called me on the telephone. She was the doctor's secretary, she said. The doctor himself practiced in another city, and she was interviewing the prospects. Failing to agree upon a time for the interview, I never heard from the lady again.

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Meanwhile, I had answered another promising advertisement. It called for a "medical editor—must be forceful writer, etc." The insertion appeared with a key number, but I was soon informed by mail to interview Dr. W—.

I found the office, under the name of the "———— Laboratories," as bare, filthy, and devoid of editorial air as an almost vacant loft could be. Dr. W—

(where he obtained his degree I don't know, for I couldn't find him in the directory) was evidently engaged in manufacturing desserts and extracts for obese people.

Needless to say, perhaps, the job as "editor" did not pay any salary. The remuneration, Dr. W— explained, was to be on the basis of "editorial" material contributed at the rate of about fifty cents per typewritten page. That would amount, I estimated, to ten or twelve dollars a month!

I gave myself one final chance. I answered an advertisement for a "physician, as consultant, by a company manufacturing a medical machine."

The reply to my letter came on impressively engraved stationery and made an appointment for me with "the president." To my surprise I found that the place was in one of the finest apartment houses in the city. I was shown into a gorgeously furnished salon where a Mr. L— explained the proposition to me.

The "medical machine" was, in effect, a vaporizer. It worked on a small motor and was "designed to cure respiratory conditions." The "consulting physician" was to accompany the salesmen, whenever needed, for the purpose of convincing prospective purchasers of the merit of the machine and its scientific soundness. For every sale thus made the "consultant" would receive a commission of $10. According to Mr. L—, it was "child's play" to sell ten machines a week . . .

I still want a job. But I don't think I'll get one—at least not through an advertisement.

There's too much red tape, expense, and wasted time to ads which appear in our medical journals. And there's too often downright quackery in the newspaper propositions which flash the sure-fire come-on: "Help Wanted: Physician."

**Medical Economics presented the foregoing article to the head of a recognized medical agency, with the request simply stated: What is the other side of the story? The reply follows:**

THE experiences of a disillusioned job hunter are always interesting at a time when jobs are scarce. But can generalizations be made in regard to physicians, jobs, and advertisements on the basis of one man's story?

Obviously not.

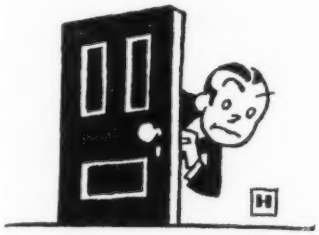
A man who dispatches a number of applications and does not get any answers can generate a completely understandable bitterness. So can a man who loses out in an interview.

But when you bear in mind the fact that the reasons for his rejection run all the way from a prejudice on the part of the advertiser in favor of men who come from a certain medical school to such intangibles as personal appearances, fraternity connections, and yes—we may as well face it frankly—religion, it seems hardly reasonable to hold the agency entirely to blame.

Also, there is always the difference of opinion between employer and applicant as to what constitutes "experience" for the job. It is one of the most hopeless tasks in the world to convince the average applicant that his own opinion in that regard may not be the correct one, and that, in any event, it must give way before the views of the man who does the actual hiring.

The experiences which the doctor describes as resulting from newspaper ads should prove no great surprise to physicians. Medical men who expect ethical and worthwhile positions from such a source are surprisingly naïve. While newspapers—especially the first-class dailies—will not knowingly allow fake ads to appear in their columns, their ignorance of professional problems makes the majority of positions offered to physicians impossible to accept. You see,

these ads have escaped a double censorship which agency ads in reputable medical journals must pass: First, the investigation which the journal carries on, as a matter of routine, before it opens its advertising columns to a prospective advertiser. Second, the censorship of the medical agency itself. The agency may withhold an ad either because the job offered is palpably unethical or because the terms of em-



ployment are so unreasonable as to be unworthy of the doctor's or the agency's time.

Little need be said about the ingenious deductions of how fake ads make agency work lucrative. Obviously, reputable agencies will not jeopardize their standing by such practices. They know well enough that the success of their business in the long run depends on the confidence of the physicians they are trying to serve.

The same applies to the question of fees. No respectable agency—and this can serve you as a fairly good guide in selecting one—will charge the physician anything until it gets him a job. Furthermore, in some states there is legislation which would make charging "membership fees" illegal. In addition to that—and this goes for all states—there is the fear of prosecution on a charge of using the mails to defraud, which discourages both the insertion of fake ads and the charging of exorbitant fees.

The bona fide agency has a definite service to contribute. It helps bring the right man to the right job. Thousands of satisfied physicians attest to the value of a medical agency. Among them are those who sought a highly specialized position and found it only after an intensive search on the part of the agency; those who found suitable partners for their practice; those who were "stuck" in institutional work until they found a job more congenial to them; and so on.

The agency can not always help, of course. Sometimes the demand for certain kinds of jobs is entirely out of proportion to the supply. As you can see from the story of our disillusioned job hunter, applicants often want part-time work or an assistantship to a busy surgeon. These jobs are scarce; the former because of their very nature, the latter because few men are successful enough to need an assistant and because when they do need one they prefer to choose a man they know personally.

The agency often fails to help the doctor because the latter forgets that medical jobs are highly specialized and that it takes time to make contacts. Some applicants get easily discouraged and feel that the agency is not doing anything for them, while, as a matter of fact, their application receives all possible attention.

Today many jobs are available for the qualified physician—more than at any other time since the depression started. If his request for a position is warranted by experience, and if he is willing to wait a reasonable length of time, a bona fide agency can most likely get him a job. By a "bona fide agency" I mean one that does not charge fees in advance; does not make ridiculous, sweeping promises; advertises only in reputable medical journals; and welcomes any investigation by the magazines in which it advertises and by Better Business Bureaus.

# Recapturing Professional Anesthesia

THE Autocrat of the Breakfast Table, Dr. James Russell Lowell, once wrote, "Nothing is too good for the patient!" This axiom has been made effective in many phases of medical practice during its evolution. Old wives and their remedies have been replaced by the internist; barbers and their blood-letting have been superseded by qualified surgeons; midwives and their traditions have given way to expert obstetricians.

In view of this it is inconsistent to believe that anesthesia, the greatest boon to suffering humanity, can rely for its future on lay technicians. The safety of patients, the progress of surgery, and the advancement of anesthesia itself must depend on replacing these lay workers with medical specialists.

It is wholly illogical to spend millions of dollars training the coming generation of doctors, only to put them into competition with technicians and thus force them out of one of the few remaining specialties which is relatively uncrowded.

Despite difficult odds, the handful of American physicians specializing in anesthesia at the turn of the century has grown to number several thousand. Their prestige and incomes have gradually approached those of physicians in the other specialties.

Dr. Arthur M. Wright, professor of surgery at New York University Medical College, in addressing the Congress of Anesthetists at Atlantic City (1935), paid the specialty the following tribute: "Anesthesia is unique in that it alone escapes the charge of narrow specialism. It pervades almost every field of medical science and serves as the handmaiden of many specialties . . . It should stand at the crossroads of the clinical sciences . . . It now holds promise of becoming the broadest and best organized and the most scientifically established

specialty in the clinical field."

Sir Frederick Hewitt, the first anesthetist to be knighted for his achievement in the specialty, held that there are two equally satisfactory sources for recruiting medical anesthetists. These are, first, the younger doctors completing their hospital residencies, who have had some training in anesthesia and who wish to make the specialty a career. Such prospects have the opportunity of becoming attached to the anesthesia departments of medical schools and teaching hospitals; and, as assistants to their seniors, can develop gradually into qualified specialists.

General practitioners are the second source of Hewitt's prospects, especially those who have had experience in anesthesia during their internships and who, after some years of general practice, wish to become specialists. Hewitt considered these early years of general practice an invaluable preparation for specializing.

Such general practitioners can groom themselves by taking postgraduate courses in anesthesia. Or they can secure an internship, externship, residency, or fellowship in anesthesia, now available in more than twenty leading medical schools and hospitals.

Of course such opportunities require sacrifices of income and a re-establishment in practice. But in most instances, granting an adaptability for the work, they have proven themselves practical professionally and worthwhile economically.

The question arises whether a physician, pending the time he becomes a full-fledged specialist in anesthesia, is able to maintain his general practice successfully. Perhaps the situation in Houston, Texas will serve as a good example of what can be done:

A dozen years ago there only one physician was specializing in anesthesia. As his work increased the demand for better anesthesia, two other physicians found it possible to become specialists. These three men, acting in the capacity of preceptors, trained eight other general practitioners as part-time anesthetists.

Paradoxically, the original specialists have not suffered from the competition of the general practitioners they trained. The latter have found their work in anesthesia intensively interesting, have developed their own clientele of surgeons, hospitals, and patients; and all concerned have profited. Needless to say, Houston has not had the technician anesthesia problem which occasionally results from

By F. HOEFFER McMECHAN, M. D.

**With the encroachment of lay technicians on the field of anesthesia, a legitimate source of practice has slipped from the grasp of the physician. Yet, it can be regained. Dr. McMechan cites several instances in which medical groups have asserted themselves. His article is of interest to all practitioners engaged in this field, to every medical society, and to the bulk of the profession who subscribe to the principle, "keep medicine for medical men!" The author is secretary-general of the International Anesthesia Research Society.**

one or two specialists trying to corner all anesthesia service and not training other physicians for the overflow work.

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In becoming a part-time anesthetist the general practitioner uses every moment he can spare in following the work of his specialist preceptor. He helps evaluate and prepare patients for operation, discusses the selection of the anesthetic, watches the signs and symptoms of anesthesia and the technique of administration, notes the handling of emergencies, and cooperates in postoperative care of the patient. Later he gives anesthetics under the direct supervision of the preceptor; and finally he works by himself, assuming all responsibility for the results.

During this same time he reads all recent textbooks and journals on anesthesia. He studies the anesthesia records he has kept to learn the lessons they have taught. Then, having accomplished all this, he is ready to sell his service to those who need it.

To promote his standing when he becomes a recognized anesthetist, the part-time general practitioner seeks staff positions as an anesthetist; takes further courses in anesthesia, becomes a member of anesthesia societies; attends their meetings; profits by their programs; visits those centers where anesthesia has made the greatest progress; and finally, when his attainments are sufficient, is approved by the International Anesthesia Research Society for certification as a specialist and awarded a fellowship in the International College of Anesthetists.

Various considerations have led to the conviction that the technician anesthetist must be replaced. Medical schools realize that technicians lack the capacity for faculty membership. Teaching hospitals have found that interns and residents resent or entirely boycott teaching by technicians. Surgeons have discovered that only the most progressive anesthetists can keep pace with them in providing a complete anesthesia service. And the public is beginning to demand the same efficiency in anesthetists that it demands from air pilots.

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It is not difficult to secure the replacement of lay anesthetists with physicians once the move has been agreed upon. The first requisite is to secure a highly qualified medical specialist and give him entire freedom of action in showing everything that is possible of attainment in a complete anesthesia service through the example of his own work. This usually takes from three to six months. By that time the contrast with technician service is

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so striking that all concerned are willing to undertake the process of elimination.

This is begun by eliminating one technician at a time and by securing a trained physician as resident in anesthesia at the same salary. The process is repeated at intervals of three to six months by replacing the remaining technician anesthetists with medical residents in anesthesia, using the available salaries to meet the expense involved. As the department grows, the original residents become fellows in anesthesia at increased salaries; they are then given the opportunity of becoming associates, with the privilege of adding to their incomes through fees in private cases or of seeking outside locations as specialists.

Also, as the department develops to this point, instruction of interns is begun during that period of their rotating service assigned to anesthesia. Those interns showing a special desire and aptitude for anesthesia are given the opportunity of becoming future residents.

Finally, the medical students are drawn into the department by acting as anesthesia clerks.

This plan has worked out successfully at such medical schools and teaching hospitals as the University of Wisconsin and State of Wisconsin General Hospital; New York University College of Medicine and Bellevue Hospital; University of Southern California Medical School and Los Angeles County General Hospital.

■

When professional anesthesia departments have been in existence for several years, they are able to show a decided comparative saving—not only in the cost of anesthesia per patient (including all sources of maintenance and overhead), but also in lives, complications, and rapidity of patient turnover. This indicates plainly that medical anesthesia is an economic asset to the hospital and technician anesthesia an economic liability.

Medical schools and teaching

## Malpractice Stitch

Refusals of treatment should be recorded. Suppose a youngster has stepped on a nail. Local treatment has been given regardless of the patient's caterwauling. Then his parents forbid administration of tetanus antitoxin because "the child has already stood enough."

That fact should be noted by the physician and shown to the party vetoing the preventive measure. In this way responsibility is placed where it belongs. The precaution may prove invaluable should tetanus develop.

The point made here is not overdrawn. Any physician searching his own practice for examples will recognize how this advice bears on his professional security.—M.D., Kentucky.

MEDICAL ECONOMICS *pays $3 for each practical idea submitted and published.*

hospitals usually select their physician anesthetists from among recognized specialists or from among those who have been trained in organized departments of anesthesia. To fill positions of lesser importance they may advertise in the classified columns of medical journals or contact medical placement bureaus. There would seem to be no present dearth of opportunity for the specialist.

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Fees for professional anesthesia service are arranged in several ways. Best of all is through agreement with the patient in cooperation with the referring doctor; this involves direct payment of the anesthetist by the patient. Some surgeons and clinics have their medical anesthetists on a mutually-arranged salary. Some hospitals favor the fee basis for the staff and visiting anesthetists. Other hospitals collect all fees for anesthesia service, deduct a small percentage for materials, equipment, and uncollectable accounts; and pro rate the balance on a basis of seniority to the staff anesthetists and residents.

Whether collected direct or by the hospital, fees are based generally on the type of service rendered, the time consumed, the risk of the case, the economic status of the patient, the standing of the anesthetist as a specialist, and the fee schedule effective in the given locality. So many factors are involved that the adjustment of fees remains a matter of mutual agreement.

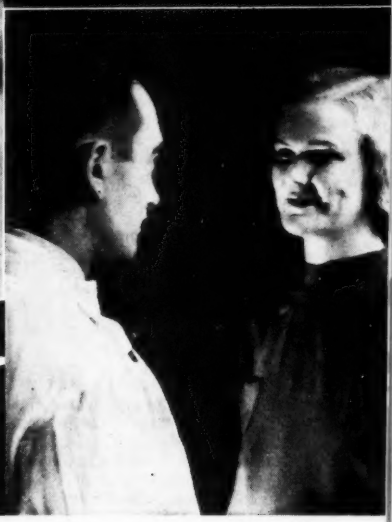
There are other outlets than the hospital operating room for specialists in anesthesia. For instance, a group of eight well-known Boston anesthetists maintain a year-in-and-out anesthesia service through a medical-building telephone exchange. By means of this, they not only take care of their regular practice in anesthesia, but they answer calls from surgeons, other specialists, and hospitals.

Some anesthetists furnish a downtown anesthesia service in larger medical buildings, for office, minor, and industrial surgery. Others add dental and obstetrical anesthesia service to their usual routine. Still others devote considerable attention to basal metabolism, gas therapy, and pain therapy. The newer fields of practice which the specialty of anesthesia has opened up offer almost inexhaustable opportunities.

It is of final interest to consider what medical societies can do to recapture professional anesthesia. Some instances are illustrative:

As early as 1911 the Lucas County Medical Society of Toledo, Ohio, gave two of its surgeon members 24 hours to discontinue the technician anesthesia they had just begun using or be suspended from membership. Tech-

"Apply a hot water bottle when you get home."



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GENERAL ELECTRIC
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nician anesthesia was eliminated overnight, and Toledo has had professional anesthesia ever since, with enough specialists in anesthesia to service all the operating rooms of its many hospitals.

Some time later the Medical Society of the District of Columbia passed resolutions declaring technician anesthesia unethical. All D. C. hospitals were requested to discontinue its use, and technician anesthesia was abruptly eliminated.

Several years ago the Indiana State Medical Board, sustained by an opinion of the state's attorney general, declared technician anesthesia a violation of the medical practice act, and ordered the hospitals of the state to discontinue it. Since then medical anesthetists have gradually been supplanting lay anesthetists throughout the state.

While Arizona has an amendment to the medical practice act allowing "supervised technician anesthesia," it is interesting to note that professional anesthesia is increasing rapidly under the fostering of local medical associations.

In Kentucky, there is an amendment to the medical practice act requiring technicians to take state board examinations. Only nine technician anesthetists have ever passed.

Late last year the Piedmont County Medical Society, Atlanta, Ga., and the Erie County Medical Society, Buffalo, N. Y., passed resolutions for the elimination of technician anesthesia. The Erie County Medical Society went even further requesting a section on anesthesia in the New York State Medical Society and the endorsement of a similar section in the American Medical Association. At its 1936 meeting the New York State Medical Society supported these Erie County plans wholeheartedly.

Thus our county, state and national medical organizations have it in their power to help recapture professional anesthesia by (1) declaring technician anesthesia unethical; by (2) suspending or expelling from membership all those teaching or using technician anesthesia; (3) withdrawing patronage from all hospitals using technician anesthesia and refusing further cooperation in the training of technicians and nurses for state registration; by (4) maintaining permanent sections on anesthesia; by (5) enforcing the teaching of anesthesia in medical schools and hospitals so as to replace all technicians now in the work.

Unless the medical profession as a whole speeds up the recapture of professional anesthesia along these lines at once, it will find its license to practice in this field not worth the paper it is printed on.

## End All

In the brief span of two weeks, W. F. Chaffin, M.D., of Raymore, Missouri found himself minus four colleagues whose offices lie within a fifteen-mile radius of his own. Death, in its ugliest mood, was the cause. It took two via suicide, wiped out one in an auto accident, and lured another into a brawl where he received fatal wounds.


# Douching AFTER GYNECOLOGICAL OPERATIONS

● After abdominal or vaginal surgery, douching is often prescribed for its heat-bearing and its soothing and cleansing properties. A mild, alkaline douching solution is generally preferred because it is non-irritating to the tissues. ¶ Lorate makes a mild, alkaline irrigating solution. It is a dainty, fragrant powder that patients like and which physicians have found to fulfill every requirement for a douche powder. Lorate has a solvent action upon mucus and is therefore excellent in the treatment of leucorrhea and other vaginal discharges. It is a fine deodorant, too. In fact, Lorate may be used to good advantage whenever a non-astringent douche is indicated.

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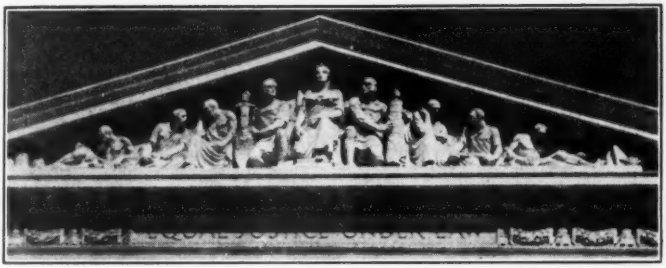


# Little Bills COME TO Judgment

**On most physicians' books appears a sorry string of small outstanding accounts. They aggregate too much to charge off. Yet, individually, they're so insignificant that collection by an agency or lawyer is out of the question. How to dispose of them, then? Physicians in several states have found the answer in small claims courts. • By ROSS DUDLEY**

"THERE they are—dozens of them—ranging from five to fifty dollars." Dr. Armstrong handed a list of small and very much overdue accounts to his attorney. "What's the new means you have for collecting them?" he asked.

"The small claims court*," replied Lawyer Johnson. "Ever hear of it?"

"Yes, but what about it? I'm a doctor you know—not a lawyer."

"Grab your hat and come on. I'll show you."

A few minutes later Johnson addressed a clerk at the city court: "We want to put this account through the small claims. Dr. Henry J. Armstrong vs. Carl A. Williams."

The clerk produced an affidavit. Filled in, it stated, in effect: "Henry J. Armstrong, M.D., swears that Carl A. Williams owes him $19.08 as follows: for medical services furnished, $18; interest since the tenth day of September, 1935, $1.08. The affiant has demanded payment without receiving it."

Attached to the affidavit was an order directing Carl A. Williams to appear six days later before the small claims court or judgment against him for $19.08 would be granted to Dr. Armstrong. A duplicate of the affidavit and order was relayed to the defendant.

On the day of the trial the court clerk announced, "Armstrong vs. Williams."

Dr. Armstrong walked forward. "The plaintiff is ready, Your Honor."

"You may be sworn," said the

*This article is based on legal procedure in Utah. However, its details closely approximate those in other states where small claims courts are found.

judge. Then, raising his voice, "Is Carl A. Williams in the court room?" He wasn't. This did not surprise the judge. He knew that the majority of such cases go by default. He turned again to Dr. Armstrong. "You claim the defendant owes you $19.08, including interest, for medical services furnished at his request?"

"Yes sir."

"Judgment as prayed. Next case."

•

"So, it's that easy!" mused Dr. Armstrong as he left the court room. He wondered what would have happened if Williams had appeared. Since there were many more similar accounts on his list, he decided to find out. Lawyer Johnson informed him as follows:

Suppose, for instance, that a defendant calls the creditor's bill outrageous—twice as high as any other doctor's would have been. He may even follow this up with a contention that he has had similar services from other physicians and, therefore, knows he's right.

The judge may ask the doctor if he wishes to cross-examine the defendant. It may be a good idea for the doctor to do so, *provided* he is sure he has detected a flaw in the testimony. But, since successful cross-examination generally requires legal training, it's usually best for a physician to forego it, offering rebuttal testimony instead. This may consist of stating that he has been a practicing physician in the community for twenty years and is familiar with the scale of fees extant there; that he made, say, eight professional calls on the defendant (perhaps some were at night); that he is a specialist; etc. Another physician may help out as an expert witness. He can testify that he also is familiar with prices in the community and that, assuming the plaintiff furnished services as claimed, the charges are reasonable.

A defendant may maintain that the treatment he received didn't cure him. In rebuttal the physician may show that he is a graduate of a recognized medical school, has been practicing for two decades, and has exercised his best skill and judgment in handling the case; that he followed the method generally approved and recognized by the medical profession; and that his services were comparable to those generally rendered by physicians in that locality.

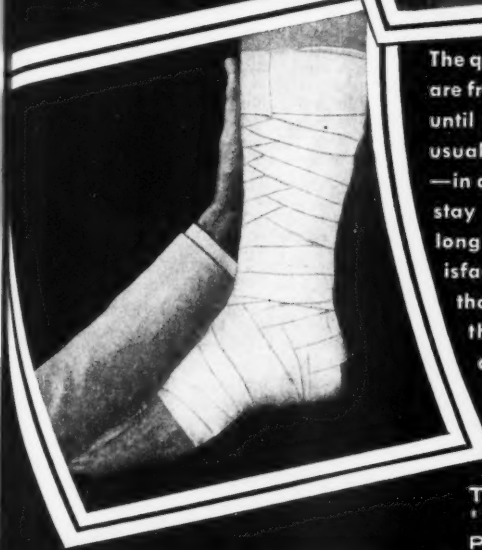
Of course, if a pre-trial interview with a patient reveals that he has a reasonable defense, court should be shunned. Chances are, if a physician's case has a hole

# CURRENT BANDAGING and STRAPPING TECHNIQUES

## ANKLE STRAPPING

The technique of ankle strapping followed by one of America's leading surgeons is revealed in a series of candid camera studies reproduced in a folder which is yours for the asking. This is one of a series of similar studies presented to physicians each month by The Bay Company.

SURGICAL BAY'S DRESSINGS



The qualities of adhesive plaster are frequently taken for granted until you encounter difficulty—usually creeping and slipping—in a strapping job that should stay put for a comparatively long period. For uniformly satisfactory results, we suggest that you specify "BAYHESIVE", the improved zinc oxide adhesive plaster that reaches maximum tenacity at body temperature. Your dealer has it.

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Doctor.....

Address.....

in it, the defendant will not only appear but will carry on the fight after the gong has sounded. Even though a small amount is involved, the principle involved is apt to goad him into unpleasant action.

•

Returning to Dr. Armstrong, he has a judgment against Carl A. Williams for $19.08, and is now in a position to apply legal pressure in earnest. A letter to that effect may bring Williams running with a settlement. If he fails to meet the judgment voluntarily, the following three procedures are available.

*Garnishment.* Success in this requires two bits of information about the person whose wages are at stake: (1) his place of employment and (2) the date he is paid. A garnishment catches only what is owing an employee by his employer at the time it is served. Just after pay day is too late. As a matter of fact, a couple of days ahead is none too soon.

After the court has granted a judgment, the court clerk will supply an execution. It authorizes a levy upon a defendant's property, and costs 50c. That fee is added to the amount of the judgment. Armed with the execution and the address of a debtor's place of employment, a constable can proceed to serve the garnishment. He gets $1.20; the employer, $2 (for revealing how much the defendant is owed).

It's remarkable how quickly employees pay, or arrange to pay, when their wages are at stake.

*Attachment.* The defendant's automobile is the best bet here. Again, an execution and a constable are necessary. Essential data about a car's number, model, make, and engine number can usually be secured from the state department of automobile registration. Frequently, sheriffs or other county officials have such information.

Most defendants can raise enough money to avoid losing their car.

*Docketing.* In return for $1.50, the clerk of the small claims court will issue an abstract of judgment and file it with the district court clerk or county recorder (depending upon which of the two is designated by state law). Thus, a judgment becomes a lien on any real estate in the county acquired

### Three Percent Stamp

On the first bill I send out to a patient appears the following rubber-stamped message: "A 3% discount may be deducted from this bill if paid by ————." The ability of this stamp to induce prompt payment has exceeded my fondest expectations. It plays a part, too, in cementing goodwill, since it encourages the patient to settle a debt which might otherwise hang over his head indefinitely and keep him away from the office.—M.D., Oregon.

MEDICAL ECONOMICS *pays $3 for each practical idea submitted and published.*

# Typical Reactions

*Anemia now successfully treated without irritating, astringent effects hitherto associated with iron preparations, 2137 New York and New Jersey physicians report after 6 months' use of Heptogene.*

**Whether measured by objective clinical findings or the subjective impressions of the patient, Heptogene is an effective hematic admirably suited to general practice. Heptogene tablets bring about a marked rise in hemoglobin, and a prompt increase in erythrocytes without causing any gastric distress.**

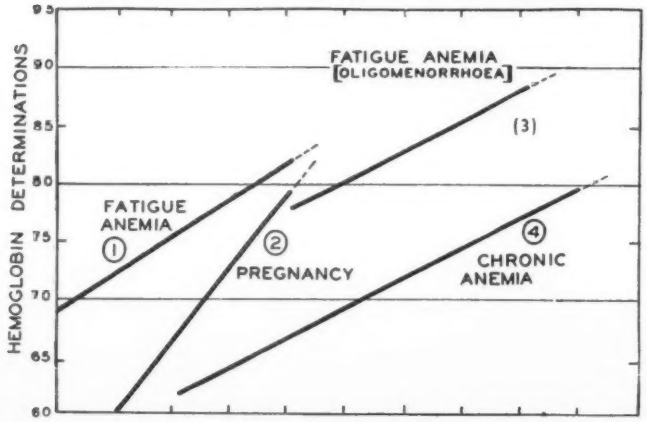
CASE No. 1. Miss T.—Age 43—Office Clerk—Fatigue Anemia (many colds, emotionally upset) unsuccessfully treated by attending physician for some time. Heptogene over four weeks' period—hemoglobin rise from 68% to 82%. Patient very sensitive to previous iron medication—constipation. No such symptom with Heptogene.

CASE No. 2. Mrs. M.—Age 30—Housewife—Para I, Grav. II—Anemia complicating pregnancy. Three weeks of Heptogene medication—hemoglobin increase from 60% to 80%. Comments of obstetrician (before) "Patient complains of tiring easily and having no pep or ambition." (after) "Feeling like a different person."

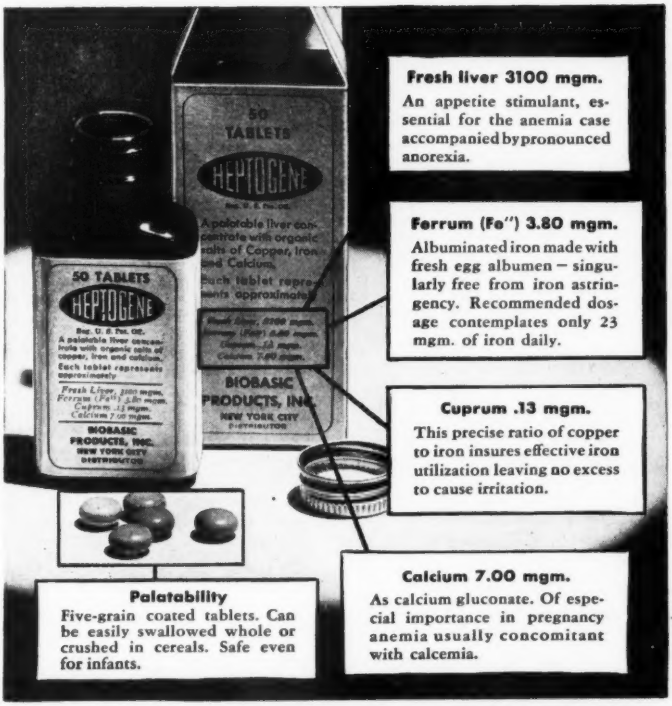
CASE No. 3. Miss P.—Age 19—Clerk—Fatigue Anemia—oligomenorrhoea accompanied by facial eczema (spec?). Heptogene four weeks—hemoglobin rise from 78% to 88%—concomitant increase in erythrocytes—dermic disorder cleared up.

CASE No. 4 Miss W.—Age 33—Teacher—Chronic Anemia treated as such by attending physician for some years. Heptogene medication for seven weeks—hemoglobin rise from 62% to 80%. This case particularly interesting as hypothyroid bas. met.—15.8. Hypothyroidism reputedly complicating anemiatherapy.

Numerals refer to brief case histories above. Spaces between vertical indicators on chart scale represent one week's treatment.



# to HEPTOGENE

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HEPTOGENE

by the defendant during the lifetime of the judgment.

Docketing is often productive. In Utah, for instance, an unsatisfied judgment draws eight per cent interest, is good for eight years, and may be renewed. One for $15 or more is well worth gambling the cost involved in docketing it.

•

By now the advantages of small claims courts are obvious. The expense is extremely low (the entire cost of securing a judgment may be less than $2). Trials come up immediately (Utah law requires that they shall be held witnin a period no longer than ten days and no shorter than five days after the action is started). Instead of putting only one case through in a morning's session, it is generally possible to have several cases placed consecutively on the court calendar. Formal legal papers such as complaints, demurrers, motions, etc. are eliminated. An attorney is not necessary. Action is easy to start. Creditors are quickly and effectively armed with legal weapons for collecting.

The existence of a small claims court makes it possible to use pressure effectively by mail. For instance, the following letter to a recalcitrant debtor: "Unless this account is paid within ten days, action will be commenced in the small claims court where it is not necessary to hire an attorney. A judgment will be secured quickly and an execution placed in the constable's hands with instructions to levy upon your property. The cost of such procedure will be added to the amount due."

A few disadvantages have probably occurred to readers. For example, even though such legal procedure is comparatively informal it is out of a physician's field. His time might better be spent building up his practice instead of forcing collections personally. After a judgment is secured and properly attached, a defendant may hire a lawyer and start a countersuit. Even a small claims court cannot wring blood from a turnip.

Admitting these points, experience has proved that small claims courts offer the most practical solution yet advanced for handling small, stale accounts. Used intelligently, they may yield returns when other means have failed. Creditors in Salt Lake City have discovered that. Since 1933, 1,800 cases have been filed there, and they continue to go through at the rate of twenty cases a week.

In view of the fact that small

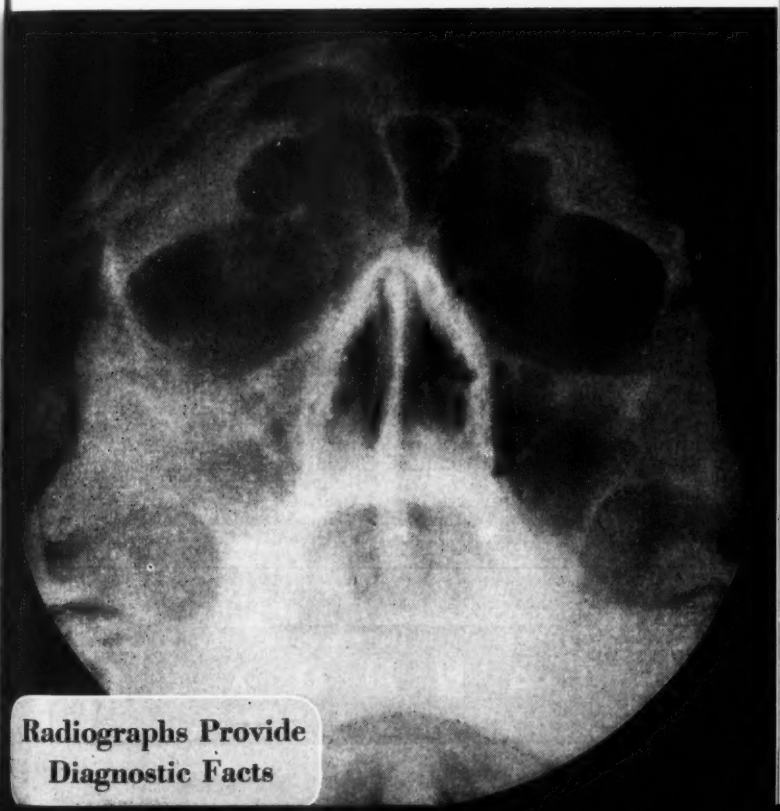
# Slight Symptoms . . . Serious Results

A COLD in the head . . . nasal turgescence . . . affected sinuses . . . earache, mastoid infection, lung infection, arthritis, or systemic disease. During the fall and winter season when colds are so common, the problem of combating this series of developments is particularly acute.

In no phase of preventive medicine is the service of the radiologist more important. With radiographs, pathology of the sinuses can be determined promptly. This is a positive procedure, while there is danger in depending on subjective symptoms, for none may be evidenced even after the disease has reached an advanced state.

To prevent the serious complications common to sinus infection, you should consider every head cold a possible attack of sinusitis . . . Moreover, if a cough develops or a nasal discharge persists, refer the patient to your radiologist promptly for his invaluable guidance.

EASTMAN KODAK COMPANY • *Medical Division* • Rochester, N. Y.



**Radiographs Provide Diagnostic Facts**

claims courts are so successful, it is surprising that they have been established in only a few states.

It would not be difficult for professional or business associations to sponsor statutes establishing small claims courts. Little, if any, opposition would be met. A member of any state legislature is more than likely to comply with a request to propose and push such legislation. He can draft his own bill from a copy of the law in other states.

The California Small Claims Act can be found on page 478 (section 927) of the 1931 *Code of Civil Procedure and Probate Code of California*, published by the Bancroft-Whitney Company of San Francisco; the Utah law, on page 28 (chapter 16) of the 1933 *Special and Regular Session Laws* (printed by the Inland Printing Company of Kaysville). The law libraries of many state supreme courts contain copies of both statutes.

The American Bar Association has said: "From the point of view of the man in the street, one of the greatest forward steps open to our lawmakers is the establishment of soundly-designed small claims courts...In the light of actual results, lawyers and bar associations can do no better than to urge their creation."

That applies to the medical profession as well.

## Physicians Scarce in Congress

NO physician has yet toed the mark drawn by Dr. Joseph H. Gallinger, of New Hampshire, who represented his state and his profession for four years as a congressman and for more than thirty as a senator.

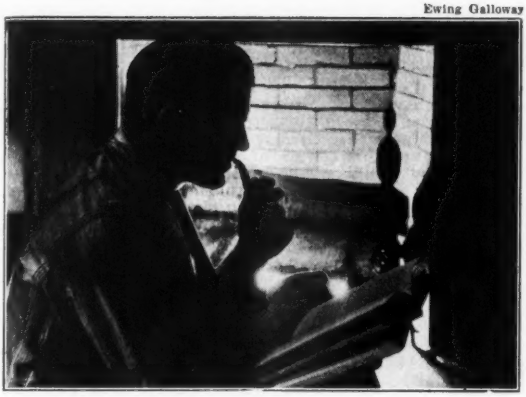
Since Dr. Gallinger's day, only New York's Senator Royal S. Copeland has sat in the national legislature for any length of time. Today he is the only M. D. in the Senate. He's been there since 1923. From 1929 to 1935 he had a colleague in Senator Henry Drury Hatfield, surgeon and former governor of West Virginia, who failed of reelection last year.

The House of Representatives seats four physicians: William E. Coventry, Connecticut; William H. Larrabee, Indiana; and Joseph L. Pfieffer and William I. Sirovich, New York.

Medicine's allies are thinly represented too. The roster discloses one dentist in the Senate; two dentists and one pharmacist in the House of Representatives.

Canadian physicians far outdo their American prototypes in zest for politics. Seven are senators, while 11% of those in the House of Commons are M. D.'s as well as legislators. The provinces, too, recruit a fair share of law-makers from the profession. Eight out of 90 in the Quebec legislature are doctors; six out of 112 in Ontario. All in all, 63 physicians represent various Dominion constituencies at present.

Ewing Galloway



# 25 BOOKS for the Physician

By WILLIAM J. STAPLETON, Jr., M. D.

THESE books are by, for, or about doctors, nurses, and medicine. They are not textbooks, but are novels, histories, biographies, and mystery stories, designed for spare-time reading. You'll enjoy them.

1. **Man, the Unknown.** The author of this volume, Dr. Alexis Carrel, needs no introduction to the medical man. Nobel-prize winner, surgeon, and investigator, he has written a book that will astonish his doctor friends. Harper & Bros. New York. $3.50.

2. **The Secret of Keeping Fit.** By Artie McGovern. Simon and Schuster. New York. $2. The author, who operates a big-time gymnasium, says he uses the same methods physicians do. Unlike many other writers on this subject, he went to medical school first to prepare himself.

3. **The Nervous Breakdown.** By the editors of *Fortune*. Doubleday Doran & Co. New York. $1. Leaders in the fields of mental hygiene, psychiatry, psychoanalysis, and other branches were consulted to make this book possible. Good reading for both doctor and layman.

4. **The Doctor.** By Mary Roberts Rinehart. Farrar & Rinehart. New York. $2. This famous novelist is the wife of a doctor. Because of her background, she is able to write convincingly about doctors and their problems.

5. **From a Surgeon's Journal.** Here Dr. Harvey Cushing, world-famed surgeon, tells in daily notes of his war-time experiences. You may have read part of them in the *Atlantic Monthly*. All doctors who served in the army will relish this volume. Little, Brown & Co. Boston. $5.

6. **Play: Recreation in a Balanced Life.** By Dr. Austin Fox Riggs. Doubleday Doran & Co. New York. $2.50. The author, a

specialist in neurology and psychiatry, writes about play in a sane yet highly enjoyable style.

**7. Emotions and Bodily Changes.** By Helen Flanders Dunbar. Columbia University Press. New York. $5. To all those interested in new ideas in medicine, this scientific study of our emotional life today and its effects on the human body will have real appeal.

8. **Russell A. Hibbs, Pioneer in Orthopedic Surgery.** By George M. Goodwin. Columbia University Press. New York. $2. Here is one of those typical American stories of the poor boy, who, by hard work, became a leader in his chosen field. A narrative that should attract all medical students.

9. **Old Jules.** By Marie Sandoz. Little, Brown & Co. Boston. $3. The story of a hardboiled Swiss doctor who went West during the early eighties. His adventures with the cattle men and Indians have all the thrill of a first-class Wild West story.

10. **Shot at Dawn.** By John Rhode. Dodd, Mead & Co. New York. $2. Doctor Priestley is the man who solves this detective mystery. Don't start it late at night.

11. **Murder in the Surgery.** By James G. Edwards, M.D. Doubleday Doran & Co. New York. $2. Another nugget for the tired doctor who likes a good mystery story. The characters are doctors and nurses, and the action takes place in one of the hospitals in a large city.

12. **Paying Through the Teeth.** By B. B. Palmer, D.D.S. Vanguard Press. New York. $2. A critical analysis of dental nostrums. There is so much misleading advertising of tooth pastes and powders that the public should know the truth about the fakes. Here it is.

13. **Fifty Years a Surgeon.** By Robert T. Morris, M.D., "that grand old man of medicine." Dutton. New York. $3.50. Here is a real doctor's book which I recommend highly. The great surgeon, Morris, was always a fighter for what he believed to be right.

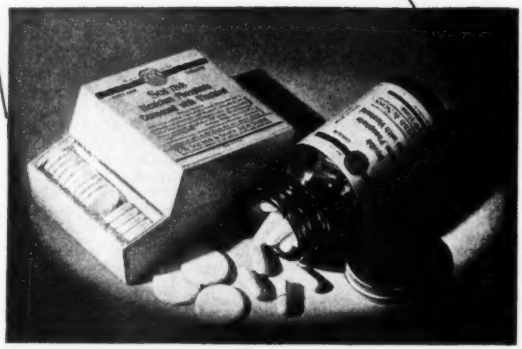
14. **Hugh Owen Thomas, His Principles and Practice.** By D. M'Crae Aitken. Oxford University Press. London. 12s. 6d. This book is a "natural" for doctors and medical students. You're all familiar with Thomas splints. Read about this pioneer who started as a general practitioner in the slums of Liverpool.

15. **The Public Ill Health.** By Dr. C. E. McNally. Gollocz. London. 5s. This book caused quite a stir in England. It attacks the methods used by Britain's health authorities in handling the sick.

16. **Physician, Heal Thyself.** By Eden Phillpotts. Hutchinson, Inc. London. 7s. The Crime Club recommends this novel. Its strong

# CALCIUM

## ...takes the spotlight



AUTHORITIES on calcium metabolism in recent years have focussed attention on the need for this element in the diet. According to these authorities the indications for this element include, besides growth and maintenance of bone structure, pregnancy, parathyroid and hepatic disease, allergic skin disorders of the moist type and lead poisoning.

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psychological background will appeal to medical men.

17. **It Couldn't Be Murder.** By Hugh Austin. Doubleday Doran & Co. New York. $2. The heroine is Nurse Mary O'Toole. Mary goes to sleep while on duty, and when she awakens the patient is dead. Mary is blamed. The question as to whether she is morally or legally responsible makes exciting reading.

18. **Arctic Adventure: My Life in the Frozen North.** By Peter Freuchen. Farrar & Rinehart. New York. $3.50. This thrilling story concerns a doctor who was also a trader and explorer. He married an Eskimo woman and lived the Eskimo way of life. A real epic of the Northland.

19. **I'd Live It Again.** By Lt. Colonel E. J. O'Meara. The author, a retired officer of the Indian Medical Service, has written a glorious book about his life in India. As a surgeon, he performed thousands of operations; as a sanitarian, he combated famine, plague, and cholera. You'll enjoy this book. Cope. London. 12s. 6d.

20. **The Life and Genius of Maimonides.** By Dr. J. Muenz. Translated from the German by Henry T. Schmittbund. The Winchell Thomas Co. Boston. $1.50. Every doctor and student should read this book for its inspiring courage. How Maimonides achieved such astounding results without help is difficult to understand in these days. It is 800 years since he lived, yet his writings seem almost up to date.

21. **The Anatomy of Personality.** By Howard W. Haggard, M.D. Harper & Bros. New York. $3. Here the author of *Devils, Drugs, and Doctors* sets out to untangle the riddle of human personality. He covers such things as why you are short and I am tall, what makes me different from my brothers and sisters, etc. A-1 reading.

22. **Patient and Doctor.** By Sir Henry Brackenbury. Many of you may be familiar with Francis W. Peabody's classic of the same title. Here we have an eminent English authority expressing himself on the doctor-patient relationship. He discusses the past and present and takes a glimpse into the future. Hodden & Stoughton. London. 10s.

23. **The Empire of the Snake.** By F. S. Carnochan and Hans Christian Adamson. Hutchinson. London. 12s. 6d. If you like African adventure, here's your dish. An amazing book. The part especially appealing to medical men concerns the "snake men" of the Manyavesi, said to be immune to snake poison.

24. **A Soldier in Science.** Autobiography of Bailey K. Ashford, M.D. Routledge. London. 12s. 6d. Describing Ashford's discovery of hookworm as the cause of endemic anaemia in Porto Rico. An enthralling account of the way in which a scientist works in the United States Army.

25. **Ghosts I Have Talked With.** By Dr. Henry C. McComas, of the Department of Psychology, Johns Hopkins University. Williams & Wilkins. Baltimore. $2. Ghosts and supernatural happenings have always intrigued people. The author tells of his many experiences in dealing with so-called supernatural manifestations. A sensible book.

[If you know of any additional spare-time books which physicians would enjoy reading, please send the title, author's name, publisher's address, price, and a short description of each to Medical Economics, Rutherford, N. J. Other readers will appreciate your thoughtfulness.—Ed.]

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1. *Effective* in small doses which are equivalent in therapeutic value to large doses of other forms of iron.

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In Hematinic Plastules the soluble ferrous salts, which are now said to be the most effective form of iron, are employed, the action of which is potentiated by the cytochrome of concentrated yeast.

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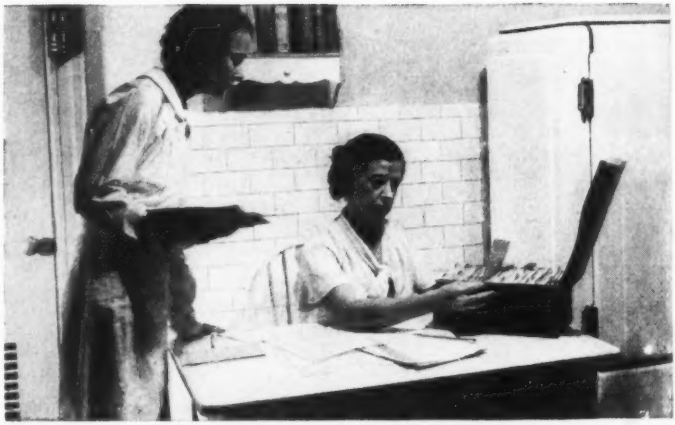
## HEMATINIC PLASTULES AND THEIR EFFECTIVE DAILY DOSAGE AS COMPARED TO OTHER FORMS OF IRON

# An outpost in the Battle for Better Nutrition



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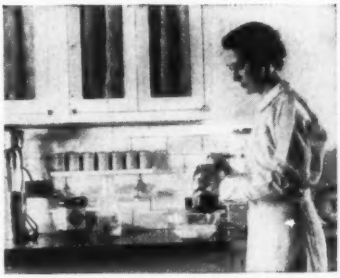
It is not only the poor who starve, as physicians know.

For years, the medical profession has had to fight against deficient diets—among all classes of patients.

In 1929 Borden was privileged to join the battle as an ally, organizing the Borden Kitchen. This Kitchen literally marched into new territory, working with the schools, with magazine writers, with U. S. Government home economists.

When the relief agencies came into being, the Borden Kitchen fell to work planning balanced menus to meet straitened budgets.

Today, some four hundred new recipes are tested and re-tested each year by the Borden Kitchen experts for use in children's and convalescents' diets, and in scientific publications.



*. . . with schools, with magazines, with U. S. Government home economists*

This is another example of the services made available to professional groups by The Borden Company.

**THE BORDEN COMPANY**
**350 MADISON AVE., NEW YORK**

# Your Jewish Patients

By IRWIN I. LUBOWE, M. D.

ONE of the early laws handed down to the Jews was, "Wash your hands before every meal." Only recently, a famous public health authority made the statement that "Disease, like charity, is very much of a hand-to-mouth affair."

This illustrates several interesting points:

Mosaic Laws—which are the basis of Jewish conduct—are not only laws of morality but also rules of hygiene, diet, and sanitation. They are taken seriously enough by your Jewish patients —both orthodox and "reformed" —to make them differ considerably from patients of other faiths.

For this reason, you should know enough about the chief Jewish religious-hygiene restrictions to be able to treat Jewish patients most effectively.

You, of course, understand the circumcision rite; its hygienic value is no longer doubted. You will find that this is one thing upon which even the least orthodox Jewish patient will insist. But what about your active role in it?

Only a duly ordained "mohel" can perform a circumcision. Most hospitals have these "mohels" connected with them in a semi-official capacity. They have taken special courses and are licensed by the state. But if you feel that it is for the best, or if you are afraid of a possible hemorrhage, or if the new born baby is very weak, it may be arranged that you be present at the circumcision to see that all precautions are taken.

The problem of amputation is a serious one for the Jew. Jewish law on this point declares that the amputated part must be buried. The theory is that eventually the body will also be buried and that when the resurrection comes, "T'chyas Ha'maysim"—the whole body—will be in the earth and will be able to march with Messiah.

Autopsies present a problem to the doctor who has treated a Jewish patient. The Jewish attitude is, most often, against it. For one thing, they believe, an autopsy represents a desecration of the body. Also, there is the fear of any of the amputated parts becoming lost; the dead man will need his whole body when Messiah comes.

One of the traditional customs at the death of the Jewish man or woman is called the "Vidooy." At this time a man's friends and even his enemies come to him and ask for forgiveness of any sins they may have committed against him.

The last words of the Jew before he dies should be "Shmah Isroel, etc." (God is One and He rules the Universe!) If he himself is too weak to say these words, or if he is in a coma, any other Jew can say these words for him.

Perhaps the greatest concern of the doctor is with Jewish diet-

**Any non-Jewish physician is likely to have Jewish patients. It befits him to know something about their religious tenets as they pertain to the giving and accepting of medical services. Coming next month: "Your Catholic Patients."**

ary laws: Animals which Jews can eat, of the quadrupeds, must be cloven-footed, two-clawed, and cud-chewing. These include cow, ox, sheep, goat, fawn, lamb, roebuck, wild ox, antelope, and bison. The bipeds—the birds which Jews may eat—are those which are herbivorous. Among them are the dove, quail, pigeon, and fowl. Birds that live on prey may not be eaten.

•

Animals—both quadrupeds and bipeds—must be live-inspected by a specially trained official—the "shochit"—and again examined by him after killing. The duty of the shochit is to see that no diseased animal is slaughtered for food. Among other precautions, the shochit is required to run his hand between the lining of the thorax and the covering of the lung to see if there is any roughness of these membranes. It was discovered in the nineteenth century that the tubercle bacillus is responsible for these little rough places and that the bovine type of tuberculosis is transmitted through the milk and meat of infected cattle.

Scientific reasoning seems to underlie other restrictions: No reptiles can be taken as food by Jews; also no rabbits. It is likely that in olden times, as now, wild rabbits were infected with tularemia. This disease has been found to be contracted chiefly by those who prepare rabbit skins for the fur trade.

Fish which the Jews may have must have fins and scales and must be non-carnivorous. No shell fish is allowed to be eaten; the difficulty of keeping shell-fish fresh and the danger of infection is responsible for this restriction.

Moses prohibited the use of pork as food because it may contain any one of three animal parasites which are dangerous to health.

Strict cleanliness characterizes the preparation of even permissible food. The meat must always be "koshered." It is first soaked in cold water for one half hour, then salted for one hour, then thoroughly rinsed. All intestines are thoroughly cleaned. If any bruises or unnatural growths of any kind are present the meat cannot be used.

A strict rule among the Jews is not to mix meat and dairy dishes; each orthodox home has two separate sets of dishes. The reason given is that it has been noticed that whenever milk and meat have been eaten at one time, indigestion follows.

While there are many hygienic rules which Jewish patients must follow, one interesting fact remains: These rules can usually be waived upon the recommendation of the physician.

•

The holiest of all fasts is that on Yom-Kippur, the Day of Atonement. But if the Jewish patient is likely to suffer as a result of abstaining from food on that day, he is allowed to break the fast.

Orthodox Jews will not travel on the Sabbath. But if they must get to your office in the interests of their health, they can do so with no fear of breaking the Jewish law.

Medicine, even if it is not "kosher," can be given the Jewish patient, if his health depends on it. So, an extract made from


# "The Role of Carbohydrate Digestion and Metabolism in the Body Economy"

## *Send for this book, Doctor...*

**In concise, terse form it brings you scientifically competent, valuable information, important in many phases of your practice**

This interesting brochure presents a complete account of the fate of carbohydrates in the human organism, from the time of ingestion to the final excretion of carbon dioxide by the lungs. It deals with the characteristics and functions of the various carbohydrate-splitting enzymes, and their nervous and hormonal secretory control. Absorption of the end-products of carbohydrate digestion is discussed in detail, and the formation of glycogen in the liver and the outlying tissues is considered, together with the important relationship between the metabolism of carbohydrates, proteins and fats. * * Because so many of the facts presented find direct application in your daily practice, Doctor, we believe you will grant this book a permanent place in your "quick reference" library. The convenient coupon will bring your copy post-haste, with our compliments. If you wish a full-size package of Cream of Wheat for your own verification of its advantages, and a generous supply of sample packages for distribution to your patients, please check the coupon accordingly. The Cream of Wheat Corporation, Minneapolis, Minn.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Dept. ME-10-36
Minneapolis, Minnesota.

You may send me the items checked:

☐ Your brochure, "The Role of Carbohydrate Digestion and Metabolism in the Body Economy."

☐ A full size package of Cream of Wheat for my personal verification of its advantages.

☐ Complimentary sample packages, together with copies of the booklet, "The Important Business of Feeding Children," for distribution to my patients.

Name.....

Address.....

City and State.....

pigs' organs may be used in the treatment of anemia.

The Jewish religion is explicit on many points of hygiene. Respect these restrictions in dealing with your Jewish patients!

## Gag-rule Tried On Chemists

"QUALIFIED experts should be encouraged, not discouraged, from expressing their opinions," says Dr. Hugh Cabot in his book, *The Doctor's Bill*, published a year ago.

The precept was put to a test last month in a verbal battle between the American Chemical Society and two employees of the A.M.A. Protagonists were Herman Seydel, Ph.D., manufacturing chemist, of Jersey City, N. J.; Dr. Paul M. Leech, director of the A.M.A. division of drugs, foods, and physical therapy; and Dr. Morris Fishbein, editor of the *Journal A.M.A.*

In 1934 Researcher Seydel developed a compound of benzoates, known as "subenon," which he believed to be an effective treatment for arthritis. Tests covering a period of two years now supply "incontrovertible evidence," he says, of the drug's value.

At the convention of the American Chemical Society in Pittsburgh last month Mr. Seydel was scheduled to read a paper about his discovery. Four days beforehand copies of it were released to the press by the society's publicity department.

When the information reached A.M.A. editorial offices, Drs. Leech and Fishbein dispatched a telegraphic protest to the American Chemical Society, inveighing against the "premature and unethical exploitation of this proprietary." The telegram urged removal of Mr. Seydel's paper from the program "because of unwarranted, premature, and harmful publicity."

Subenon has not been submitted to the A.M.A. council on pharmacy and chemistry. Therefore, says a Fishbein editorial in the September 12 *Journal A.M.A.*, it is an "unestablished proprietary" for the "exploitation of the sick."

Despite the protest, Mr. Seydel's paper was read as scheduled. Dr. Leech made the trip from Chicago to Pittsburgh to attend the meeting at which it was presented. He insisted that the public and reporters be kept out. Here the chemists capitulated. For the first time in three decades the American Chemical Society had a closed session.

Representatives of the two organizations consider that the issue has been battened down with mutual promises of closer cooperation in the future. But *Time*, echoing independent public opinion, asks: "Doctors must have chemists to invent new drugs; chemists must have doctors to try out new drugs. But should chemists wait until doctors say: 'We want a new drug to do so and so. Try to create it'? Or should chemists say: 'Here is something new. See what it is good for'?"


## We are proud that Dole Pineapple Juice—the original Hawaiian pineapple juice—has received

# THIS IMPORTANT SEAL

NATURALLY, as soon as Dole Pineapple Juice was offered to the public, we submitted this fine Hawaiian fruit juice to the American Medical Association's Committee on Foods. And we were pleased to receive the Seal of Acceptance of this distinguished committee.

Dole Hawaiian Pineapple Juice is a natural source of vitamins A, B, and C. Its important fresh-fruit constituents are retained, to a high degree, by the exclusive Dole Fast-Seal Vacuum-Packing Process.

We have included here a typical analysis of Dole Pineapple Juice so you can see for yourself exactly what is in this natural and field-fresh juice.

Hawaiian Pineapple Co., Ltd., Honolulu, Hawaii, U. S. A.—Sales Offices: San Francisco.

***Here Is a Typical Analysis of Dole Pineapple Juice:***

| | |
|---|---|
| Moisture | 85.3 % |
| Ash | 0.4 % |
| Fat (ether extract) | 0.3 % |
| Protein (N x 6.25) | 0.3 % |
| Crude fibre | 0.02% |
| Titratable acidity as citric acid | 0.9 % |
| Reducing sugars as invert sugar | 12.4 % |
| Carbohydrates other than sugars (by difference) | 0.38% |

**PREPARING FOR A LUAU . . . NATIVE FEAST**—*There are lots of preparations to be made before the luau is ready to be served. The poi must be pounded; the pig cooked in the imu—underground oven; pineapples, bananas, and other fruits are gathered; squid and fish must be caught on the reef; and the ti leaves gathered from the mountainside, in which to wrap the food and also to serve as covering for the table.*

*To the happy Hawaiian there is almost as much pleasure in all these preparations as in partaking of the delicious feast.*

**P. S.** We should like to have you try a free sample can of Dole Hawaiian Pineapple Juice. Merely drop us a line on your letterhead now and we will send at once free a generous sample of the original Hawaiian pineapple juice.

# HEALTH RECORD OF A CLAPP-FED BABY

**ELEANOR COQUERON**
**WESTFIELD, N. J.**

**Eleanor at 3 months** radiates health and good humor. She's just had Clapp's Wheatheart Cereal—her first change from an all-liquid diet. She tips the scales at 15 pounds.

**Eleanor at 7 months.** She began Clapp's strained vegetables and soups at 4½ months. Now she's starting Clapp's strained fruits. Eleanor has grown 4 inches in 4 months and gained steadily.

**Eleanor at 10 months** is trying to crawl. She weighs 21½ pounds. Clear eyes, bright coloring and a well-formed body testify that she is a well-nourished baby.

**Just right for babies**—the texture of Clapp's Strained Foods. Uniformly smooth, finely strained but not too liquid. 16 varieties—soups, vegetables, fruits and cereal.

**FREE**—a comprehensive booklet of recent findings on Infant Feeding. Address Harold H. Clapp, Inc., Dept. 516, 1328 University Ave., Rochester, N. Y.

**CLAPP'S** ORIGINAL BABY SOUPS AND VEGETABLES

# Investors' Clinic

By FRANK H. McCONNELL

WITH the Presidential election campaign now drawing to a close, the following conclusions may properly be drawn by investors:

Regardless of which major party is returned victor, continued recovery of business is expected.

Great issues remain to be fought in Congress, principally government economy and relief from threatened rising taxation; but these will not be decided on the stump. They will remain for Congress to act on; and, in the long run, the demands of the "folks back home" always decide how Congressmen vote, whether they wear the party label, "Democratic" or "Republican."

For the first time since the depression started, four major industries are headed upward; and the pull of these four, working together, has never failed to bring better times. They are the construction, automobile, steel, and railroad industries.

Moreover, the current upswing in business is not confined to the United States. Barring war, major trade indices in nearly all principal producing countries forecast improvement. Under such circumstances, the tidal power of recovery is greater than that of a political party. The latter may *help* the movement, but it cannot—even should it want to do so—stand in the way of the tide.

**A Sparkling Barometer**

To cite merely one of a number of encouraging signs, here is an illustration:

From Holland comes a report which is accepted by business and financial leaders as a trustworthy indication that international business is improving. It is supplied by the Amsterdam diamond market, which transacts the bulk of the world's buying and selling of

Wolff from Black Star

**HERALDS OF PROSPERITY**

**Holland's diamond imports triple in two years.**

these precious stones.

For the first six months of 1936, Holland imported nearly twice as many rough uncut diamonds as it did in the first half of 1935, and nearly three times as many as it did in the first half of 1934. Meanwhile, Holland's exports of cut diamonds—the finished product designed for settings in rings, necklaces, and other pieces of jewelry—showed a good gain. Here are the figures in terms of Dutch guilders which are worth in American money roughly 68c each:

Imports of uncut diamonds into Holland for the first half of the following years were valued at: 1936, 9,864,000 guilders; 1935, 5,107,000 guilders; 1934, 3,758,000 guilders.

Exports of finished diamonds for the same half-year periods were valued at: 1936, 8,495,000 guilders; 1935, 6,495,000 guilders; 1934, 5,737,000 guilders.

Clearly, the people of the world have money for diamonds again.

### Prospects at Home

Recently, Colonel Leonard P. Ayres, Cleveland economist, was quoted in these columns as authority for the statement that Presidential elections do not, over a long span of years, have a deadening influence on business: this, despite the widespread belief that business progress is impossible during the course of political battles.

In 1936, as in many other election years, the record now shows, business has not suffered. On the contrary, it has pushed through to the best post-depression level yet reached.

Steady improvement has been registered quarter after quarter this year, says Colonel Ayres. All major economic divisions have shared except agriculture and possibly foreign trade. Agriculture suffered from drought, or it otherwise would have gained. Foreign trade may have increased, but up-to-date figures are not yet available to justify a statement about it one way or the other.

Most significant among the conclusions reached by the Cleveland economist is the proof that general business recovery has progressed steadily throughout nine months of the year. This is the first time that revival has been so well sustained since before the depression started.

### Building Homes Again

A large company which supplies materials used in building residences has just made a survey of the home-building field. This study shows that of 30,000,000 dwellings, 12,000,000 are in good condition. Another 12,000,000 need repairs badly. The remaining 6,000,000 are described as unfit for habitation.

In addition, it was estimated that the country needs 1,650,000 homes to take care of new families.

Thus, a total of 7,500,000 homes should be built and another 12,000,000 need improvements.

Throughout 1936, real progress has been made in this direction. But home building is merely getting under way. Indications are that the country is on the verge of a greater building boom than it has seen since 1927 or 1928.

Investors who own mortgage

bonds on good properties, securities of the federally-encouraged home loan and savings banks, or stocks of stronger companies engaged in the business of selling supplies or equipment to the construction industry should continue to hold them.

### Armaments and Copper

Whatever else may be said against war and the race of nations to arm themselves for possible wars, the world's copper industry owes much to armament building.

For six consecutive months the world's supply of refined copper (copper metal) has declined. Meanwhile, use of copper is increasing, part of it for new construction, for electrical transmission wires, and other constructive purposes, but most of it for new armaments. At present, the actual supply of refined copper in the hands of the world's leading producers is equal to only four months' buying requirements; their present stocks would only last four months if they were not to add to them. This is a small reserve supply for that industry.

Not in many years have the copper companies been so favorably situated. With slow, gradual reduction being made in their supplies of copper, they now are receiving higher prices. Consequently, the outlook for copper-company securities is more promising. So long as the race for larger armaments continues, the copper industry will be well—and there is little likelihood that the building of larger armies and navies will soon stop.

### Locomotive Industry

A leading locomotive company reports that its orders during the first eight months of this year totaled $21,372,767. In the like period of last year, the total was only $11,734,643, or about half as great. Meanwhile its unfilled orders (business that it has booked but not yet supplied) total $12,971,610 against only $6,689,081 at the start of the year.

This record of improvement has been common to all leading locomotive builders during 1936. The railroads want new equipment, including costly streamlined engines which will haul longer trains than old locomotives. Not only are the railroads able to move their freight faster with new locomotives than old, but also more cheaply. An old locomotive uses up more fuel, wastes more energy, and costs a great deal more to keep in repair than a modern locomotive.

Now that railroad traffic is improving, further growth in locomotive orders is forecast. A moderate investment in the industry has attraction.

### Oil Picture Clouded

The outlook for American oil companies appears slowly to be improving, but the industry's picture is still clouded enough to discourage fresh purchases at this time of oil stocks (although the *bonds* of rich oil companies hold investment attraction regardless of how price influence may affect oil *stocks*).

Here are some of the flaws in the oil picture:

While gasoline consumption by

automobilists has been unusually heavy this past summer, the industry still has a large supply of gasoline on its hands which it has not sold. If no more gasoline were to be added to this supply, it would still meet the needs of motorists for forty days to come.

But, meanwhile, the oil companies have drilled many new wells and these are coming into production. More gasoline will be made.

At the same time, the season of highest gasoline consumption is now drawing to a close. With freezing winter months ahead, gasoline supplies lying idle on the hands of companies will increase.

Consequently, until the present excess of gasoline on hand, is reduced, there is little incentive to buy more oil industry shares. This is true, even though the industry is making great progress in other lines of endeavor.

## ℞ Carbons

I have had a printer adapt the check-book idea for my own use in writing prescriptions. The book measures twelve inches high by eighteen wide. This permits each page to be composed of four prescription blanks with perforations running between them so they can be removed individually. Under each page is a sheet of thin paper. Between the two I insert a piece of carbon paper so that every time I write a prescription I can give the patient a copy and retain one for my files. The idea parallels the one we used to use for liquor prescriptions. It is an ideal time-saver and so simple that I can keep my own prescription records without having to depend on the druggist for them.—M.D., Kentucky.


## *Smooth Bowel Regulation*

**The creamy emulsion Kondremul (Chondrus Emulsion) presents in a palatable form finely divided particles of mineral oil in Irish Moss.**

**Thus, without irritation, leaking or difficulty of administration, the softening effect of mineral oil on fecal matter may be used to advantage with Kondremul.**

## 3 TYPES:

### KONDREMUL

WITH PHENOLPHTHALEIN—laxative and regulative.

### KONDREMUL

WITH CASCARA—combines the tonic laxative action of non-bitter cascara with the soft bulk of Kondremul.

### KONDREMUL

PLAIN—inert—may be used with utmost safety as a regulative in children as well as adults.

## THE E. L. PATCH CO.
**BOSTON, MASS.**

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Stoneham 80, Boston, Mass.
Gentlemen: Please send me clinical test sample of
☐ Kondremul (Plain) ☐ Kondremul (with Cascara)
☐ Kondremul (with Phenolphthalein)
Mark preference
Dr. .....
Address .....
City ..... State .....
NOTE: Physicians in Canada should mail coupon direct to Charles E. Frosst & Co., Box 808 Montreal—producers and distributors of Kondremul in Canada.


*3A Electrical Stethoscope measures 12½" x 8¾" x 4¾"—weight 14 lbs.*

INTRODUCED to the profession in July, the *portable* Electrical Stethoscope scored an immediate success. Inquiries came in from doctors all over the country—followed by many orders for this new Western Electric instrument.

It gives invaluable aid in examining thick-chested patients and in detecting heart ailments in their early stages. It amplifies heart sounds up to 100 times the intensity obtained with an ordinary acoustical stethoscope. Doctors appreciate, too, the *filter circuit*—which isolates and accentuates hard-to-hear murmurs.

For doctors with impaired hearing, this device is particularly helpful.

Developed by Bell Telephone Laboratories, the Electrical Stethoscope is a scientific instrument you can depend on. For your copy of the new booklet giving full details, write to Graybar Electric, Graybar Bldg., New York.

# *Western Electric*
## ELECTRICAL STETHOSCOPE

Distributed by GRAYBAR Electric Co. In Canada: Northern Electric Co., Ltd.

# Key to New Medical Plans

The mushroom growth of plans for the provision and payment of medical care makes it imperative to have a key to them so that the different types may be recognized at a glance and their points of difference understood. The chart beginning on this page is designed to bring harmony out of confusion by showing the principal classes of medical service plans in the United States, what they provide, how they are administered, and whom they affect. The specific plans mentioned are cited merely as examples.

KEY*

*Social Groups Involved*

A—General Population
B—Employed Group or Groups
C—Persons of Moderate Means
D—"Poor"
E—Indigent
F—Students
G—Fraternal

*Agency in Charge*

N—Government (City, County, State)
O—Voluntary non-profit association
P—County Medical Society
Q—Private Medical Group
R—Hospital
S—Business Establishment
T—Organization of Employees of an industry
U—Labor Union

*Payment*

H—General Taxation
I—Periodic Payments from Beneficiaries (Voluntary Insurance)
J—Fees on Instalment or Commuted Basis
L—Employer or Industry
M—Voluntary Contributions

*Services Available*

V—Physician
W—Hospital
X—Dental

**The use of more than one letter under any heading indicates a plan which includes more than one type of group, payment, agency, or service.*

| TITLE OF PLAN | SOCIAL GROUPS INVOLVED | PAYMENT | AGENCY IN CHARGE | SERVICES AVAILABLE |
|---|---|---|---|---|
| Brattleboro Benefit Association | A | I | O | V, W |
| Baker Memorial Hospital Middle-Rate Plan | A | J | R | V, W |
| Medical Care at Buffalo General Hospital | D, E | H | N, R | V, W |
| Endicott-Johnson Medical Service | B | L | S | V, W, X |
| Associated Hospital Service of New York | A | I | O | W |
| Dental Health Service of New York | C | J | O | X |
| International Workers' Order Medical Service | B | I | U | V |
| Mt. Sinai Hospital Diagnostic Clinic | C | J | R | V |

[*Turn the page*]

| TITLE OF PLAN | SOCIAL GROUPS INVOLVED | PAYMENT | AGENCY IN CHARGE | SERVICES AVAILABLE |
|---|---|---|---|---|
| Union Health Center of New York City | C | J | U | V |
| Rochester (N. Y.) Hospital Service Corporation | A | I | O | W |
| Associated Hospitals of Essex County, N. J. | A | I | O | W |
| Philadelphia Mouth Hygiene Association | D | J, M | O | X |
| Goodyear Relief Association, Akron, Ohio | B | I | T | W |
| Cleveland Hospital Service Association | A | I | O | W |
| Cook County Relief Administration, Chicago | E | H | N | V, W, X |
| Highland Park Hospital Association, Illinois | A | J, M | R | W |
| University of Michigan Student Health Service | F | I | N | V, W |
| Wayne County Medical Service Bureau, Detroit | C | K | P | V, W |
| Community Doctor of Washington Island, Wisconsin | A | I | O | V |
| Minneapolis General Hospital | E | H | N | V, W |
| Minnesota Hospital Service Association | A | I | O | W |
| Northern Pacific Beneficial Association | B | I | T | V, W, X |
| Scott County Medical Relief, Iowa | E | H | P | V, W, X |
| Homestake Mining Company Medical Service | B | L | S | V, W |
| Medical Economic Security Project, Washington, D. C. | C, D, E | K | N, O, P | V, W, X |
| Elkin Mutual Aid Association, N. C. | A | I | O | V, W |
| Roanoke Rapids Community Service, N. C. | B | I, L | O | V, W |
| United Mutual Aid Association, Spray, N. C. | B | I | O | V, W |
| Fulton County Medical Relief, Atlanta, Ga. | C, D | I | P | V |
| Centro Asturiano, Tampa, Fla. | G | I | O | V, W |
| Holston Valley Community Hospital, Tenn. | A | I | O | W |
| Trinity Hospital, Little Rock, Ark. | A | I | Q | V, W |

[*Turn the page*]

# An effective more palatable way to complete the daily *Calcium* requirement


A PRODUCT OF THE BAYER COMPANY

*Supplying*

## Calcium, Phosphorus & Vitamin D

For more than 25 years, many studies of the popular American bread-and-meat diet have associated the lack of sufficient calcium intake and absorption with a resultant lowering of bodily vigor and a lessening of resistance to disease. Enough evidence is now available, Bernheim points out, to show that special effort is necessary to assure adequate supply and utilization of this element.

In Calirad Wafers the Bayer Company offers an effective, palatable way to meet the body's need of calcium, and to assure better utilization through proper ratio with phosphorus and Vitamin D, the mineral's essential associate factors.

YOUR PROFESSIONAL CARD BRINGS FULL SIZE PACKAGE

# *Calcium* AND ITS ESSENTIAL ASSOCIATE FACTORS in easily-assimilated form


**3**

**CALIRAD WAFERS**
***supply more calcium than 1 pint of milk, and more Vitamin D than 6 teaspoonfuls of cod liver oil U. S. P.***

Nutritionists now say that enrichment of a sustaining diet with calcium and the factors that favor its absorption largely determines the difference between merely "passable" and "buoyant" health.

At the same time, they emphasize the fact that the general need for a supplementary supply of calcium is not seasonal—but steady and continuous. This is true not only of growing children and pregnant and nursing mothers, but of the average adult as well.

Because the bony structures of the body (which serve as the storehouse for calcium and phosphorus) are constantly undergoing change, a loss of calcium occurs which the common diet alone cannot adequately replenish.

Calirad Wafers, each supplying calcium and phosphorus in an optimum ratio of 2.6 grains calcium to 1.6 grains phosphorus, with 660 U.S.P. units of Vitamin D, provide an effective way to overcome this calcium deficiency.

Calirad Wafers are pleasantly-flavored, palatable, easily taken by children and adults alike. In prescribing them you offer your patients an efficient source of the calcium needed for the maintenance of health and resistance to disease, and to protect against calcium depletion of the bones in old age.

A box of 48 Calirad Wafers (16 days' supply) costs only 75c. Full-size market package gladly sent on request on your professional card.

BAYER

# CALIRAD WAFERS

THE BAYER COMPANY, INC., 170 VARICK ST., NEW YORK

| TITLE OF PLAN | SOCIAL GROUPS INVOLVED | PAYMENT | AGENCY IN CHARGE | SERVICES AVAILABLE |
|---|---|---|---|---|
| Stanocola Employees Association, La. | B | I | T | V, W |
| Hospital Service Association of New Orleans | A | I | O | W |
| Farmers' Union Cooperative Hospital Association | A | I | O | V, W, X |
| Baylor University Hospital | A | I | R | W |
| Ross-Loos Medical Group of Los Angeles | B | I | Q | V, W |
| Alameda County Plan, Oakland, Cal. | C, D, E | H, J | N, P | V, W |
| Palo Alto Hospital, Cal. | A | H | N | W |
| Superior California Hospital Association, Sacramento | A | I | O | W |
| French Mutual Benevolent Society of San Francisco | G | I | O | V, W |
| San Francisco Relief Administration | E | H | N | V, W, X |
| King County Medical Service Bureau | B | I | P | V, W |
| "Saskatchewan Plan" in Rural Canada | A | H | N | V |

—*New Plans of Medical Service*

## World's Fair to Accent Health

GROVER (Welcome-to-our-city) Whalen, president of the corporation that is promoting the New York World's Fair of 1939, has announced plans for a permanent health center and museum as a major feature of the undertaking. It will be sponsored by an advisory group recruited from city and national health and medical organizations.

No plans are on paper yet, but already the Oberlander Foundation and the Carnegie Corporation have pledged financial aid.

Dr. Louis I. Dublin, vice-president and chief statistician of the Metropolitan Life Insurance Company, is chairman of the committee in charge of the fair's medical project which is expected to do for America what the famous museum of hygiene in Dresden has done for Germany.

Five major objectives have been announced as follows: (1) A co-

ordinated health and medical exhibit, illustrating, for public education, the results of research. (2) A model health village constantly demonstrating equipment and methods in daily use by individuals, families, and communities. (3) Emphasis, at every appropriate point throughout the fair, on protective devices and services installed for the benefit of the visitors. (4) Provision for a permanent health center. (5) Strict censorship of medical and other products sold or promoted as health aids.

Mr. Homer N. Calver, secretary of Dr. Dublin's committee and representative of the American Public Health Association's interest in the plan, has just returned from an eight week's tour of European health museums and expositions where he sought material for possible inclusion in the fair's exhibit. He has brought back more than fifty displays from Germany, France, and England. They will be considered by the committee.

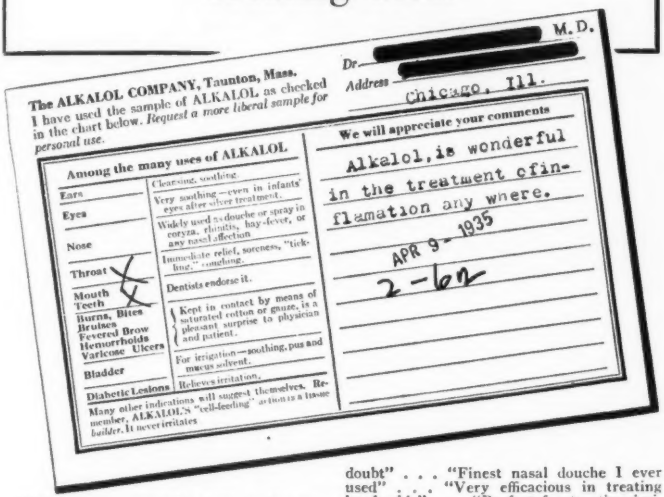
Mr. Whalen, summing up, has said that the aim of the medical exhibit is to present "the material, social, and professional equipment now available to society for its health protection and promotion."

Doctors George Baehr and James R. Reuling, of the New York Academy of Medicine and the Queens County Medical Society, respectively, represent the profession on the fair's health committee.

### Canterbury Tale

Tradition-loving England has not yet seen fit to withdraw from the leader of its church a unique temporal power. Should the Archbishop of Canterbury take it into his mitered head to confer a medical degree on any British subject (be he navvy or lord), he can do so. Medical education, or the lack of it, plays no part in the arrangement.

# This Simple Sentence
## has a Priceless Value to Physicians Treating Colds




With the common cold about to become Public Enemy No. 1 for the next few months at least, the ten typewritten words on the above card take on a priceless value. For Alkalol has a marvelous 30-year record in the treatment of colds. This is why—

**ALKALOL AVOIDS ADDITIONAL IRRITATIONS**

Many head-colds will be prevented if the nasal tract is kept clean, for without a doubt the nose often acts as an incubator for bacteria.

Nasal cleanliness is no problem when Alkalol is used, for Alkalol is a pus and mucus solvent, allays irritation, reduces congestion and has a pleasant refreshing taste and odor. Different from the germicides so much exploited for oral hygiene, Alkalol can be used full strength in eye, ear, nose, wounds or burns, rash or irritation.

Let me tell you what thousands of physicians have written about Alkalol in absolutely *unsolicited* testimonials—"Wonderful success with Alkalol in treating and preventing head-colds" . . . "Results amazing" . . . "Wonderful in the treating of inflammation anywhere" . . . "Patients find it comforting and soothing" . . . "It has been my winter stand-by for 15 years" . . . "It fills your statements beyond a doubt" . . . "Finest nasal douche I ever used" . . . "Very efficacious in treating head-colds" . . . "Perfect for treating irritations of the mucous-membrane" . . .

**SIMPLE TEST TELLS VOLUMES**

Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

Doesn't it stand to reason, Doctor, that if Alkalol has been so successful in treating such a supersensitive organ as the eye, that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc.?

• • •

Please prescribe Alkalol in 8 or 16 ounce bottles that you or any patient can get in almost any drug store.

**Your card or letterhead will bring a FREE SAMPLE of Alkalol today.**

(Signed)

J. P. WHITTERS

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Dept. M-1036

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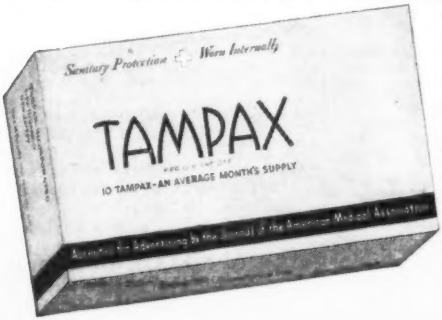
Tampax is recommended for all cases of normal menstruation, exceptions being those cases of intact hymen where insertion might cause damage.

The wearer is unconscious of the presence of Tampax. Belts, pins, pads are eliminated, as are chafing and other physical discomforts. Menstrual odor is reduced to the minimum, since Tampax prevents its formation.

Each Tampax comes in an individual sealed wrapper, complete with the patented applicator that assures easy, correct and hygienic insertion. (The applicator is used only once.) The tampon is of finest quality surgical cotton, compressed. On contact with moisture it expands, having a tendency to anchor itself in conformity with the folds of the vagina. Each Tampax absorbs approximately one and a half ounces.

Tampax will not disintegrate within the body. But both the used Tampax and applicator may be flushed down the toilet. Tampax is so compact that a month's supply for the average woman comes in a purse-size package.

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# Fire, Theft, Collision!

By W. CLIFFORD KLENK

THE buyer of a new automobile will give profound thought to wire wheels versus wooden wheels, a black paint job or some color of the rainbow. Yet, if, during these deliberations, you ask him what kind of fire and theft insurance he plans to carry, he will probably assume a surprised expression and say, "What kind? Why the regular kind that everyone carries."

Is he going to buy collision insurance? Nothing doing! He looked into that once and the cost was prohibitive.

•

The active physician has no time to sit up nights puzzling over the mysteries of insurance policies; but he should for his own good know that there are three distinct types of fire and theft insurance and understand the value of collision insurance and when it should be carried. He should know that he can for an extra $2 in premiums be repaid for the expense of hiring a car temporarily after his is stolen; and that $3 a year added to his fire and theft insurance cost will enable him, should his car fail to start some cold morning or go dead on the road, to call a mechanic and charge the cost to his insurance company.

Ewing Galloway

What are the three types of fire and theft insurance?

The most commonly carried and, incongruously, the most unattractive to the car owner, yet the most profitable to the insurance carrier, is the so-called "actual" or "non-valued" form. The policy carries a provision—you'll probably find it on page two or three under the heading "Limitations of Liability and Method of Determining Same"—that limits the company's obligation when a car is stolen to the "actual cash value *at the time of loss*, less proper deductions for depreciation howsoever caused." That's exactly how it reads.

It means that if your car is stolen ten months after you insure it for, say $1,000, you will not be entitled to $1,000. Instead, you will get whatever lesser sum represents the actual cash value at that time.

Humanly, you think your car's worth so much; the insurance company probably

**Why you should shop for your insurance as carefully as you do for your automobile**

thinks it's worth less. Honest difference of opinion is inevitable. The chance of a completely satisfactory settlement is remote.

This is the type of fire and theft insurance carried by the overwhelming majority of car owners. It's the kind the companies want to sell. It's the poorest buy in the deck. Avoid it.

•

A decided improvement on it is the "monthly reduction" policy. Instead of *arguing* with the company about the value of your car after it has been burned to a crisp or stolen, you *agree* in advance as to the amount of depreciation during each month your fire and theft insurance continues in force. A 1936 Buick, for example, will depreciate exactly 2% during each month the insurance is carried. Let the car be stolen six months after it is insured, and you know you will be entitled to the original amount for which the car was insured less 12%.

While a "monthly reduction" policy eliminates recriminations between the insured and his company, this form of coverage, strangely enough, costs no more than the obnoxious "actual value" form. Practically all companies issue it. When your car gets to be four or five years old you may have difficulty buying such a policy but since a car of that age has so little value anyway, it is not worthwhile paying the $5 minimum fire and theft premium.

The third and de luxe type of fire and theft insurance is the "full valued" form. It insures your car for its present value, which we'll say is $1,000. It agrees that regardless of when the machine may be stolen or burned during the year the company will pay you exactly $1,000. No dispute about depreciation, but a clean-cut settlement. You pay for $1,000 of insurance and you get a $1,000 settlement.

Not all companies write this form. In a few states its issuance is prohibited. Generally the cost for each $100 of such insurance is about 25c higher than for either of the other forms. But it's worth it. By shopping a bit, perfectly reliable companies can be found that will issue it at the same price as the two other forms.

It is a condition common to all automobile theft insurance that no settlement shall be made until sixty days after the loss has been reported to the company and to local police at the place of the theft. Why the sixty days? To allow the company reasonable time in which to recover your car.

Within this sixty-day period, if it *is* recovered, you must accept it subject to repair by the company of any damage. On the


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**(anhydro-para-hydroxy-mercuri-meta-cresol)**

THE OUTSTANDING antiseptic ingredient in Unguentine is Parahydrecin (*anhydro-para-hydroxy-mercuri-meta-cresol*)—a stable, non-toxic antiseptic capable of demonstration in dilutions of one to several million, yet non-irritating to tissue in the 1-10,000 concentration actually used. Tests show that it has a high degree of penetration throughout a wide area surrounding its point of application. Markedly germicidal, analgesic, antiphlogistic and healing, Unguentine provides an ideal antiseptic surgical dressing for lacerations and skin irritations as well as for burns.

The microphotograph shows a dab of Unguentine in a Petri dish containing pus organisms. Clear halo around the Unguentine shows area rendered free from bacteria by penetration of Parahydrecin.

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sixty-first day you are entitled to the cash equivalent value of the car.

Because of this sixty-day spread between the date of loss and the date of settlement, and because a car is so indispensable to the physician, much inconvenience results. Yet for a modest $2 a year the fire and theft company will add a clause to your policy by the terms of which it agrees to pay you $5 a day to cover the rental of a car during all or any portion of the sixty-day period.

The attractiveness of this insurance feature depends upon several factors: the frequency with which cars are stolen in your community; what you would have to pay for the hire of a car; and, lastly, the age of your car. The newer it is, the more attractive to the thief. A five-year-old model will be passed up by an automobile crook any day in favor of the new streamlined car parked next to it.



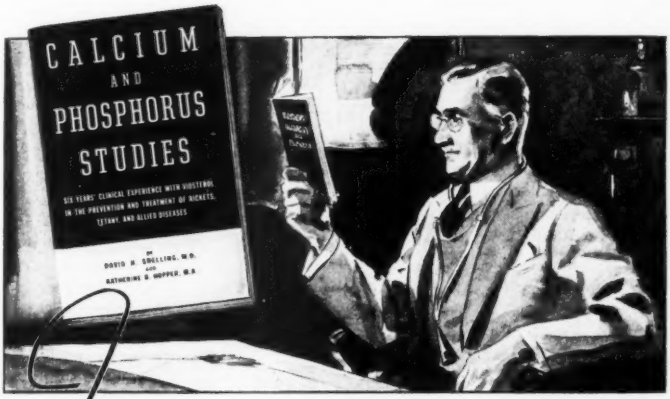
Thousands of car owners have been attracted to membership in automobile clubs because of various towing and road service features available to members. While your fire and theft insurance company does not promise road map service or gasoline at reduced rates, it will for the small sum of $2 additional premium a year indemnify you up to $10 for the cost of having your car towed if it is in a wreck or otherwise disabled on the road. It will also meet the costs of an emergency mechanic's services on the road if your car breaks down or won't start. Don't run short of gasoline, however, and expect the company to pay for it. This contingency is excluded. So is the cost of replacement parts. Despite these reasonable restrictions, its worth $2 to know that you can hand your towing or emergency repair bill to your insurance company and collect.

Pay another $1, making a total of $3, and the emergency mechanic's service feature will be extended to cover you against the contingency of going out to the garage some cold morning and finding that your car won't start. Is this last kind of insurance really worthwhile, admitting the cost is small? On a car less than a year or two old, *no*. When your car begins to wear out and is less dependable, however, it may be good protection.

■

Collision insurance—damage to your own car by accidental contact with another object, moving or stationary—is it wise to carry it? It is if you drive one of the more expensive makes of cars, if you do not keep your car in A-1 mechanical condition all the time, if you step it up to sixty whenever you get the chance, or if the car is driven by your wife or children who just got their driver's license.

Collision insurance is available

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The widespread interest shown in this booklet, offered free to physicians on request, is as significant as the material itself. Certainly you will find it worthy of a prominent place on *your* active reference shelf.

Among the conclusions reached in this enlightening document—a reprint from the Bulletin of the Johns Hopkins Hospital of "Calcium and Phosphorus Studies" by Shelling and Hopper—we find that:

"In the average case of rickets treated with moderately large doses of Viosterol, deposits of lime salts may appear at the cartilage-shaft junctions *in as short a time as a week or ten days*. . . . In the severer types of the disease, the healing period with Viosterol therapy may sometimes be prolonged, but ultimately at least it effects a cure and eradicates the rachitic process completely."


The findings are based on six years' clinical experience with Viosterol preparations in the prevention of rickets, tetany and allied diseases.

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so as to cover damages from 1c up to the cost of the entire car. In this form, of course, it is a luxury. But it can be bought on a sensible basis so that only damages in excess of $25, or $50, or $100 are paid by the insurance company.

Not so many years ago premiums for collision insurance were prohibitive. Today rates are far more attractive. And for the type of car owner referred to this form of coverage at least merits consideration.

Firmly fixed in many an insurance buyer's mind is the idea that fire and theft insurance rates are the same in all companies. This is not so. The majority of companies are banded together and by agreement charge so-called "standard" rates. Departure from them need *not* mean unsound insurance and unsatisfactory adjustment of your claim. Lower rates may be obtained in a number of sound, reliable companies.

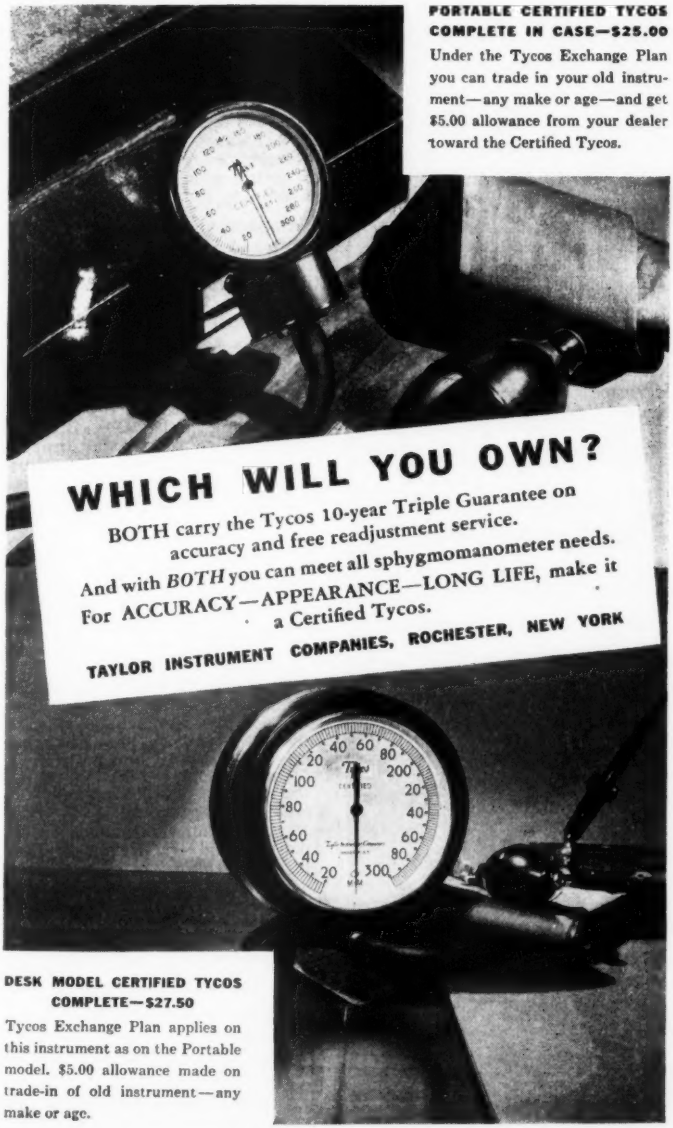
From what has been said here about fire, theft, and collision insurance, it should be obvious that there is just a little more to it than phoning your favorite agent, calling off your motor and serial numbers, and accepting a few days later whatever in the way of a policy he may send you. You probably shopped for your car, considered the relative gas consumption of a six and an eight, argued with yourself about the economy of a standard model and the extravagance of a de luxe model. A mite of the same shopping instinct now may repay you a hundredfold later if your car burns, disappears, or gets battered.

## New Discoveries On Parade

NEWS columns have been thickly populated with D's for discovery. Science has yielded an unusually large crop of new theories and drugs during the last month or so. Following are brief summaries of the more newsworthy ones.

*Crampton test*: It's purpose is to help surgeons in deciding how well a patient can be expected to weather an operation. His blood-pressure and pulse are taken while he is prone and again while he is upright. The categorical differences are then stacked up against an index achieved by Dr. C. Ward Crampton, of New York, during research that started in 1903. The index ranges from 1 to 100. When the answer is less than 65, for instance, it's dangerous to operate.

*Common cold gauge*: With a metabolor, Dr. Arthur Locke, of Pennsylvania, believes that it is

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possible to foretell the number of common colds a person will have during a winter. One hundred people, wearing oxygen masks, have pedalled stationary bicycles for him while he measured how much of the gas they consumed per square meter of body surface. They were then given a so-called fitness rating on which was based an estimate of their ability to withstand cold and pneumonia infections. A reasonable degree of accuracy in the ratings is reported.

*Cortin's brother*: A crystalline compound closely related to cortin has been isolated for the first time, report Drs. H. L. Mason, C. S. Meyers, and E. C. Kendall. They did it, they say, at the Mayo Clinic.

*Perfected iodine*: Usable on new-born babies, gentle to broken or bandaged skin, non-poisonous, non-burning, and possessed of definitely more germicidal properties than ordinary iodine—thus, Dr. Paul Goldrick, of the New Jersey College of Pharmacy, describes his new-type iodine.

*Suicide drug*: If the claims of Dr. Abraham Myerson, of Boston, are correct, and if the modern pace keeps up, there will be a demand for benzedrine. He says that its effects have caused several people with a suicidal intent to change their minds. Related to adrenalin, the drug is reputed to stop nervous stomach spasms, to correct narcolepsy, and to bring back a lost sensation of pleasure.

*Sawdust manna*: "Hash derived from kindling and shingles could sustain life on this planet if necessary," said Dr. Friedrich Bergius of Germany, in effect, to an audience at the Harvard tercentenary last month. He reported having converted wood into carbohydrates, fats, and proteins. Synthetic food products, he went on, would be an easy next step.

*Dangerous showers*: Dr. Hans Behrend, of New York's Hospital for Joint Diseases, avers that showers in the morning taken first hot then cold, are bad medicine—too much of a shock to the

# Questions most physicians ask about THE NEW "SPECIAL" DRYCO

**Q. How does it differ from standard Dryco?**

A. It is fortified with additional vitamin $B_1$.

**Q. Why is vitamin $B_1$ added?**

A. Not because of any desire to join the current vitamin ballyhoo—but because the desirability of supplementary vitamin $B_1$ in the infant-dietary is well established in medical literature. Several authorities* declare that the *usual* artificial infant-dietary is partially deficient in this vitamin.

**Q. What is the value of vitamin $B_1$?**

A. Not only is vitamin $B_1$ supplementation indicated for infant anorexia and associated deficiency disorders due to lack of vitamin $B_1$, but it has a "plus" value for the apparently normal infant. According to Sherman* " . . . the liberal feeding of this substance may be expected to play a significant part in inducing a better-than-average nutritive condition."

**Q. How is vitamin $B_1$ added to "Special" Dryco?**

A. In the form of an entirely new concentrate prepared from rice polishings by a method developed in the Borden Laboratories.

**Supporting bibliography supplied on request.*

**Q. What is "Special" Dryco's experimental background?**

A. Five years of extensive biological and experimental work by the Borden Research Laboratories preceded the clinical use of this new product.*

**Q. What is its clinical background?**

A. Two additional years of clinical studies by Dennett and Gaynor,* with both normal and abnormal infants, show "Special" Dryco to be of distinct advantage in routine feeding.

**Q. Does "Special" Dryco replace Standard Dryco?**

A. No—both will be obtainable in drug stores everywhere.

**Q. Where is complete information available?**

A. Full experimental and clinical data on the need of supplementary vitamin $B_1$ in infancy, together with description, clinical background, and method of using "Special" Dryco, will be sent to professional inquirers on request. Mail coupon to receive complete data and trial supply of "Special" Dryco.

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**Made from superior quality milk from which part of the butterfat has been removed, fortified with vitamin $B_1$, irradiated by the ultraviolet ray, under license by the Wisconsin Alumni Research Foundation under the Steenbock patent (U. S. Pat. No. 1,680,818) and the Supplee process patent (U. S. Pat. No. 1,817,936), and dried by the "Just" Roller Process.**

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Please send me further information on supplementary vitamin $B_1$ in infancy.

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Check here to receive sample of "Special" Dryco ( )

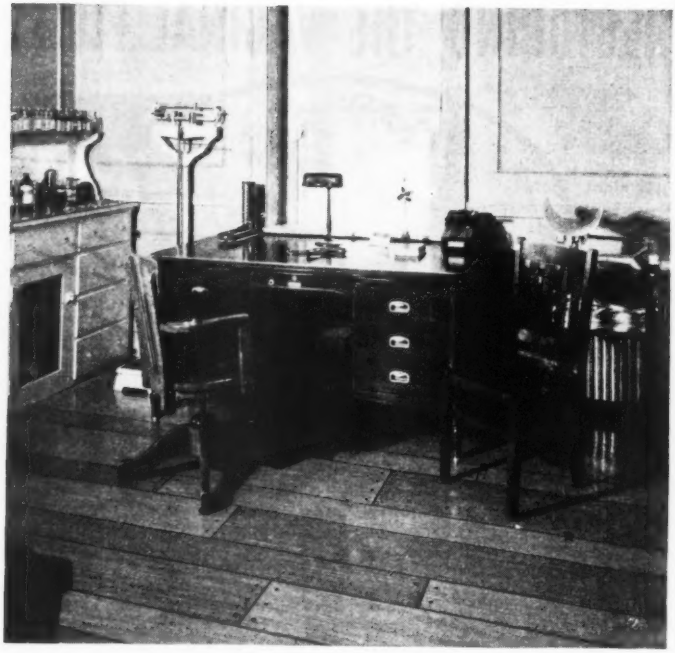
system. A 98° bath cooled slowly to 85° is the sane procedure, he maintains.

*Bark-covered poisons*: The acacia trees of South Africa nourish a deadly poison, claims Dr. Claude Remington, British scientist. He has distilled it from them, named it acacipetalin, and found out that it contains prussic acid.

## "Runners" Boost Accident Fraud

ADDITIONAL slants on the scurviness of the fraudulent-damage-suit racket have been revealed by New York City's Accident Fraud Bureau whose chief, Assistant District Attorney Bernard Botein, described its workings and results to MEDICAL ECONOMICS last month (see September issue, page 112). Much of the game's success depends on so-called runners who contact accident victims, persuade them to institute oversized damage suits, and convince them that they should retain such-and-such an attorney. Many sub-runners are active too: janitors, push-cart men, taxi drivers—anyone who may spot an accident. They are paid a flat fee for each lead they give to a boss runner.

Attorney Botein says that runners and their assistants are largely responsible for the fact that Gothamites must pay a minimum of $95 for auto insurance in spite of the fact that they drive in a city with the lowest auto death rate of any large population center in the country. Furthermore, he adds, a single runner can seduce a score of lawyers into the racket each year by making them believe they are handling legitimate cases. Having thus been involved, inherently honest lawyers seldom dare try to break away. They are open to blackmail.



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# It's All in Their Attitude

By CLARYCE V. WHITE

REAMS have been written about the collection of the delinquent account, but little is ever said about establishing the correct *attitude* in the patient toward his obligation.

Too often the doctor, in seeking a client's goodwill, is heard to say, "Oh, don't worry about the money. The main thing is to get you well." This immediately causes the patient to minimize his debt.

As time goes on and the account has grown to considerable size, he begins to resent his obligation. The thought creeps in, "Dr. Burns isn't worrying about what I owe him. I'll pay him when it's convenient."

Under these circumstances, the account naturally drags. A small payment may be made every two or three months until the debt is finally settled, or remittances may taper off entirely, leaving the balance to be charged off as uncollectible.

This should not be so. The matter of payment can be handled in a pleasant, businesslike manner from the very first visit: and the patient will feel just as kindly and appreciative toward his doctor—often more so. He will assume that his doctor is so successful that he doesn't have to cater to people, but *expects* and *gets* payment for his services.

In our office, as soon as the doctor has seen and examined a new patient, I find out from him the extent or nature of the service rendered to determine the fee for that day. Then as the patient comes to my desk on his way out, I remark "The fee for today will be $10. You can pay right here, Mr. Evans."

This is said pleasantly but in a matter-of-fact tone which implies that payment is *taken for granted* and there is no thought in my mind that he might not be prepared. If, however, he *is* unprepared, I say, "That's perfectly all right. You can pay part of the charge today and the balance along with your payment for the next visit."

•

When there is to be a flat charge for the case, I use the same procedure for the first payment and then ask him to name definite dates in the month when he can make regular remittances. While he is watching me I write down the information on his ledger sheet so that he knows I will not forget and am expecting him to be prompt.

In a case involving surgery with its attendant large fee I cannot recommend too highly the credit report which may be obtained from any reliable credit bureau. In the rural towns where there is not the convenience of a local bureau, information can be obtained from the bank or through the local merchant's credit association.

When the doctor knows the financial status of his patient, he can regulate his fee according-

★

**The road to good collection experience must be paved with more than bookkeeping, duns, and a sliding fee scale. Solid blocks of practical psychology are essential.**

Miss White

ly; and if there is discussion, he knows his ground and can stand firmly for his rights. A patient realizes that the doctor means business in such instances and will seldom let the matter go to court.

In the matter of accounts which of necessity are carried on the books with the understanding that payments are to be made weekly, semi-monthly, or monthly, I send a statement the first of each month. Here I want to stress the importance of the statement reaching the patient the *first* of the month—not the third or fourth. A majority of people pay their bills on the first; and if there is delay in receiving the doctor's statement, their money is apt to have been apportioned for other obligations by the time it arrives.

If the account has not had a payment on it during the current month, I write a short note on the bottom of the statement, to this effect: "No payments have been credited to your account since September 7. It is important that a remittance be made before the 15th of this month."

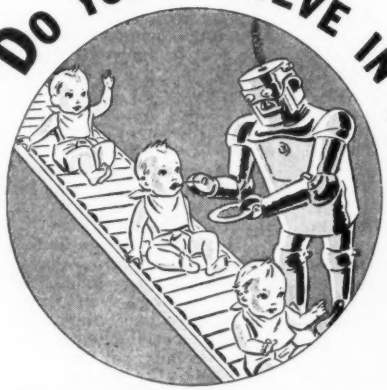
I have gotten results in some cases where the patient was known to have a healthy sense of humor by just writing one word, "When????" with several interrogation points after it.

Another little trick that often works when the bill is small and the debtor uncommunicative is to make out the statement for a larger amount, say $10. This seldom fails to bring the person to the office to point out my error; and when I have graciously acknowledged it, there seems to be nothing left for him to do but pay the small amount outstanding.

My next step in collecting is to go through the ledger about the tenth of each month and make a list of every account that is more than a month over-due. Some I phone. Generally, all I need to say is, "Hello, Mrs. So-and-So? This is Miss White in Dr. K—'s office." They know immediately why I am calling and along with their apologies for delay they generally give me a definite date on which they will take care of the bill.

*Pressure could not be exerted on these accounts so early had we not established the attitude of promptness at the first visit.* In fact, had the doctor in the beginning encouraged slow payment by saying, "Now don't worry, etc." the patient would naturally be indignant; for the call would startle him out of a comfortable lethargy

# DO YOU BELIEVE IN THE "ROBOT" INFANT DIET?



## —NEITHER DO WE! HERE'S WHY..

•If infants were built to specifications and grew standardized, how simple the doctor's and the mother's problem would be! All could be fed the same foods, in the same proportions. All could be started at the same age—all would react in exactly the same way.

Recognizing the fact that each infant is an individual problem requiring specific treatment, Gerber provides its strained foods in as basic form as possible. It offers a variety of vegetables (also prunes and cereal) individually packed so that proper diets may be formulated according to each infant's needs. In addition, Gerber's Strained Foods are packed unseasoned to permit additions, as, and if desired.

Further, Gerber advertising and literature always instruct mothers to ask their doctors, *never* recommend the age for starting, or the quantity to be fed.

Gerber believes that its function is to provide the finest single foods it knows how to produce, according to the requirements of preferred scientific practice in present day infant feeding

# Gerber's

***Shaker-Cooked Strained Foods***


**STRAINED TOMATOES, GREEN BEANS, BEETS, CARROTS, PEAS, SPINACH, VEGETABLE SOUP. ALSO, STRAINED PRUNES AND CEREAL.**

GERBER PRODUCTS COMPANY, Fremont, Michigan
(In Canada, Grown and Packed by Fine Foods of Canada, Ltd., Tecumseh, Ont.)

Please send me free specimen copy of the new 32-page "Baby's Book" giving authoritative information to mothers on baby care. I understand that you will supply additional copies for distribution to my patients, on request. 2210

NAME .....

ADDRESS .....

CITY ..... STATE.....

of thinking he could pay any time within a year or two.

I am always careful to keep a smile in my voice; to be friendly, sympathetic, but firm. Patients understand that we *expect* payment regularly. If, occasionally, immediate payment is absolutely impossible, they know we expect the courtesy of a regular communication.

•

My conversation with a delinquent instalment patient follows these lines:

"I haven't heard from you lately with regard to your account, Mrs. Barton." The answer is usually, "Well, Miss White, I just didn't have the money to pay you; so there was no use to call or come in. I don't expect to have the money to pay on account until next month." My reply: "I understand Mrs. Barton, and I have no wish to inconvenience or embarrass you. Unfortunately, however, my books have to be kept up to date; and if I do not have a payment credited to your account each month I must at least have some report from you to show that your account is in good standing. Otherwise, you can well understand that the record would look bad for both you and me. Now, what date shall I put you down for a payment?" To this question I almost always get a definite or, at least, an approximate date; and it is seldom that payment does not follow.

I make it obvious to patients that we are so accustomed to courtesy and consideration that any other attitude would be entirely beyond our comprehension. As a rule, people try to live up to what you expect of them.

Occasionally, of course, you find yourself talking to an agitated, snappy individual who replies, "Well, I can't pay that bill now, and what do you think you're going to do about it?"

I let such individuals talk until they have entirely relieved their pent-up emotions, since it is worry and a feeling of being cornered that has caused them to act in this manner. Then I speak my piece calmly about like this: "Mr. Allen, I really do not understand your attitude at all because you were so pleased and satisfied with the doctor's services when you were ill. Certainly the charges are fair. Also, we have been very patient about payment, only asking you to send in small, regular installments. Our relations with patients are always so pleasant that I am rather at a loss to know how to account for your feeling toward us." Then I go on to explain about keeping the records up to date as in the first telephone conversation. By this time the patient is often cooperative, and I get his promise to pay. [*Turn the page*]

# VITAMINS IN CANNED FOODS

## IV. VITAMIN $B_1$

• The story of vitamin $B_1$ is quite long and involved. Properly, it has been fully covered at some length in authoritative dissertations on the vitamins (1).

The original vitamin B of Eijkman and of Funk, while definitely possessed of antineuritic potency, is now known to be of a complex nature. Between 1919 and 1926, the vitamin B complex was resolved into vitamins B ($B_1$) and G ($B_2$). Subsequent work has indicated the existence of other vitamins in the complex, whose chemical natures or relations to human nutrition are not as yet clearly understood.

As a direct result of many researches on vitamin concentrates, the chemical identity of the crystalline antineuritic factor has recently been described as a derivative of 6-aminopyrimidine (2).

It has been known for many years that vitamin $B_1$ may be destroyed by heat. In the canning procedure, a number of heat treatments of food may be involved, especially in the thermal "processing" of the product to insure its preservation. In the "process", many foods are subjected to a heat treatment after sealing in the can, to destroy spoilage organisms which may be present on the raw material. In other cases, the food is filled into the cans at a sufficiently high temperature to obtain the same result. Therefore, the question of the effect of the canning procedures on vitamin $B_1$ frequently arises.

The times and temperatures necessary for the processing of canned foods are governed by a number of factors, important among them being the pH of the food itself. Highly acid foods require only short heat processes at the temperature of hot or boiling water to destroy spoilage organisms. The so-called "non-acid" or "semi-acid" products require higher temperatures—usually 240°F. (116°C.).

As might be expected, acid foods have been found to suffer only a slight loss of vitamin B during canning (3).

The degree of retention of vitamin $B_1$ in the non-acid foods is not as high as in the acid foods. (4).

This is partly due to the heat treatments accorded them and possibly also to their low acidity, since the vitamin is more stable in acid media.

The facts in the case may be summarized briefly by the statement that commercially canned foods may be depended upon to supply vitamin B to extents consistent with the amounts of the vitamin originally present in the raw materials from which they were prepared. Because of their widespread use, canned foods contribute a notable amount of vitamin $B_1$ to the American dietary.



(1) Vitamins: A Survey of Present Knowledge Medical Research Council, Special Report Series, No. 167, 1932. His Majesty's Stationery Office, London

The Vitamins H. C. Sherman and S. L. Smith 1931 Am. Chem. Soc. Monograph, 2nd Edition

(2) 1935. J. Amer. Chem. Soc. 57, 1751

(3) 1932 Ind. Eng. Chem. 24, 457

(4) 1932. J. Nutrition 5, 307

*This is the seventeenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.*


**The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.**

To those who are not available by phone, I write letters. The first month a friendly little reminder like this goes out:

> It is now over a month since you were in my office and, to date, I have not received payment on your account. I trust this reminder will be sufficient to assure your prompt remittance.
>
> Yours very truly,
> (Doctor's signature)

The second month, if there has been no reply, I write more firmly and appeal to the patient's sense of courtesy and obligation:

> I wrote you last month calling your attention to the fact that you had not made payment on your account. I expect regular payments, but if you have been unable to meet this requirement, I feel that I am entitled to the courtesy of a reply and an explanation of your delay, at least.
>
> I anticipate hearing from you within the next few days.
>
> Yours very truly,
> (Doctor's signature)

If this is not heeded, the third month my letter reads as follows:

> I am sorry to inform you that I can no longer carry your account on my books. You have not paid on account since (date of payment), making your obligation three months delinquent.
>
> It is my policy not to carry an account over 90 days without payment, after which time it is given to (name of agency) for collection. Therefore, unless I hear from you before (specified date), I shall be obliged to follow the usual procedure.
>
> Trusting you will save yourself this inconvenience and embarrassment by a prompt remittance, I am,
>
> Yours very truly,
> (Doctor's signature)

It is important that these calls and letters reach the patient by the fifteenth of the month. If payment is not forthcoming after the last letter, I put the account

# *Convenient* IN FORM
# *Effective* IN FORMULA

**They contain**
**PARAHYDRECIN**

Parahydrecin (*anhydro-para-hydroxy-mercuri-meta-cresol*) the active ingredient in Norforms, is a powerful, stable, non-toxic antiseptic . . . non-irritating to vaginal mucosa—in a soothing base designed to maintain long internal contact.

NORFORMS were designed to meet the demand for a method of vaginal hygiene, simple to apply, effective in practice and capable of maintaining antiseptic contact with the entire vaginal area. Because of their convenient form and their soothing, yet dependable action, Norforms are preferred by patients over methods requiring applicators or bothersome solutions. Norforms have a long and successful history in the treatment of leucorrhea, vaginitis, and cervicitis as well as in general vaginal hygiene.

*Samples free to physicians, upon request.*

THE NORWICH PHARMACAL COMPANY
Box M.E. 10, Norwich, New York

# NORFORMS

KNOWN AND USED BY PHYSICIANS AS VAGIFORMS

**FOR VAGINAL HYGIENE**

into the hands of the agency named. Using this procedure, however, the percentage of bills given to the agency is very small.

In my office I have at all times between 200 and 250 open accounts. Yet during the past eighteen months I have given the agency only 65. A good many of these have been paid directly at this office, which would seem to indicate that patients feel no antagonism toward the doctor because of his business-like system. Also, turning the accounts over to the agency while they are still fairly new assures a good percentage of collections, which is not possible when accounts have "died" from old age.

In every office there are always a few—possibly five or six—exceptional cases in which the time limit is extended. Aside from these, my ledger shows no account on which we have failed to receive a payment or a communication from the patient within six months.

## Threat Seen in Group Hospitalization

### ALABAMA PHYSICIAN FEARS LOSS OF PATIENTS

TO MEDICAL ECONOMICS last month came the following letter from Dr. C. O. Lawrence, of Clayton, Alabama:

I am writing for information about a matter of vital importance to physicians.

The Hospital Service Association, Inc. has been organized recently in Alabama under state insurance laws. Nearly all leading hospitals in the state are members. The association issues a contract giving patients (in groups of five or more) practically complete hospital service for 60c a month.

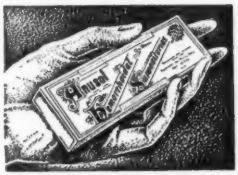
What effect will this association have on general practitioners in communities where there are no hospital facilities? What about physicians in a community with a small hospital ineligible for membership in the group hospitalization plan?

I am located in a town of 4,000 people. At least 10,000 more live within a ten-mile radius. We have a 25-bed, one-man hospital which we feel will be unable to qualify for membership in the state-wide association.

Our town is located fifty

# Defecalgesiophobia

The dread of defecation because of pain is the starting point in the vicious circle of hemorrhoids. It results in constipation, and constipation favors hemorrhoid formation. The use of Anusol Suppositories obviates this "fear-constipation." By softening the contents of the rectum and lubricating the channel of their passage, these suppositories make evacuation easier and painless.



But that is not the only accomplishment of Anusol Suppositories in the treatment of hemorrhoids. They aid in reducing the congestion that causes pain and discomfort. In this way, the circulation is improved in the affected parts, and bleeding is more easily controlled. All this is accomplished without narcotic, analgesic or anesthetic drugs, without belladonna, ephedrine or epinephrine.


Anusol

Anusol Suppositories are supplied in boxes of 12 and 6. Send for a complimentary trial supply.

SCHERING & GLATZ, INC., 113 West 18th Street, New York City

miles from Selma, Birmingham, and Montgomery. Splendid paved roads lead to those cities, each of which has at least three large, modern hospitals—all members of the hospital service organization.

If our patients who require hospital attention are taken away from us, what course can we follow?

Realizing that, as Dr. Lawrence says, his questions are of vital importance to physicians, MEDICAL ECONOMICS presents the following answers from leaders in the group hospitalization movement. Although two of them apply specifically to the Alabama plan, the sum total of what they have to say covers properly administrated projects wherever they are.

Frank Van Dyk, executive director, Associated Hospital Service of New York*: "It is difficult to understand why Dr. Lawrence feels that the 25-bed hospital in his community would not be able to qualify for membership. I happen to be familiar with the organization of the Alabama plan, and I know of no reason why that hospital would not be accepted.

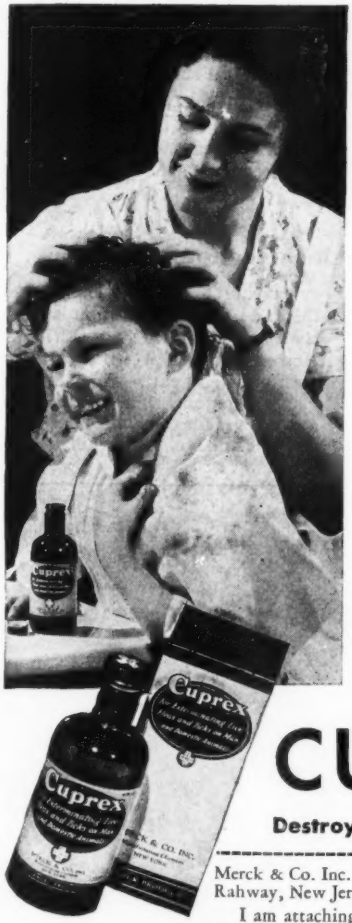
"If the hospital arranges for membership, there will be no unfavorable effect on the community's individual physicians. They will be able to hospitalize patients just as they do now. The only exception might be where, because of being a subscriber to the plan, a patient will seek hospital care which he otherwise could not afford.

"Where a physician has no hospital affiliations he has been accustomed to arranging hospitalization for his patients in one way or another. The same situation holds under a group plan."

Dr. Bert W. Caldwell, executive secretary, American Hospital Association: "There is nothing in this act [authorizing the Alabama

*Started seventeen months ago, New York's plan has over 120,000 subscribers and 197 member hospitals. Its receipts have passed the million-dollar mark and more than 7,000 hospital bills have been paid under its provisions.

# Quick control of Pediculosis among school children




School physicians and nurses have found the use of Cuprex is a quick, practical method for the control of head lice. One thorough application of Cuprex usually is sufficient to clear up a stubborn case in two to four hours. This eliminates the uncertainty of the usual full week treatment of Pediculosis and helps to prevent the spread of the infestation in the classroom.

The quick action of Cuprex is due to the fact that this preparation destroys the nits as well as the lice. Cuprex is almost odorless, easy and safe to use when directions are followed. Cuprex is more economical than cheaper substitutes that require repeated applications.

A bottle of Cuprex, sufficient for one treatment, will be sent to physicians upon request along with a pad of Health Report Blanks which makes parent notification easy and as pleasant as possible for the school nurse or teacher.

# CUPREX

**Destroys the Nits as well as the Lice**

Merck & Co. Inc. (ME 10-36)
Rahway, New Jersey

I am attaching my professional card (or letterhead). Please send office sample of Cuprex and literature.

Name ..... M.D.
Street .....
City ..... State .....
Specializing in .....

plan] that contemplates interference in the relation between physicians and their patients."

Dr. S. S. GOLDWATER, hospital commissioner of New York City and chairman of the A. H. A. council on community relations and administrative practice, in *Essentials of An Acceptable Plan of Group Hospitalization*:

"Subscribers may be hospitalized only when attended by a physician. The subscriber's freedom to choose his physician or hospital remains unchanged. The practice in each institution with regard to open staff and closed staff privileges is not changed. Existing medical staff relations and hospital rules are not affected by group hospitalization . . .

"Plans should encourage participation by all hospitals of standing in the community."

## Oxygen for Air Passengers

A BRACER of oxygen from a toy balloon is the latest innovation in air travel. Douglas sleeper planes on the American Air Lines are soon to be equipped with this comfort-safety device, according to William Littlewood, chief engineer of the company. Ordinarily, passengers, lounging or resting in berths, do not feel the need for such a stimulant at the usual 11,000-foot altitude. However, it is expected that those with affected hearts will find oxygen a comfort. They'll ask the stewardess for the balloon, squeeze its pinch valve, and whiff.

# WHY THE STATE OF NEW YORK BOTTLES 3 DIFFERENT WATERS AT SARATOGA SPA

**In crenotherapy the desirability of a possible gradation in the amount of mineral intake is self evident.**

**It is a unique asset of the saline-alkaline springs at Saratoga Spa that there is a wide variance in the percentage of their mineral constituents. Three waters are bottled for general therapeutic use, waters which take their names from the individual springs—Hathorn II, strongly saline; Coesa, mildly saline; and Geyser, alkaline-saline.**

**With three different waters of similar general classification at command, the physician is able to prescribe to the needs of the individual patient.**

Interested physicians are invited to send for a professional sample package of four bottles, and medical literature. In writing, please use your business stationery.

WALTER S. McCLELLAN, M.D., *Med. Dir.*
SARATOGA SPRINGS AUTHORITY
156 Saratoga Springs, N. Y.


**ALL ARE HIGHLY MINERALIZED AND SPARKLING WITH NATURAL CARBONATION**

## Analysis of the Three Waters

(MINERAL PARTS PER MILLION)

| Hypothetical Combinations | Geyser | Hathorn | Coesa |
|---|---|---|---|
| Ammonium chlorid | 61.17 | 59.10 | 38.77 |
| Lithium chlorid | 27.00 | 64.49 | 42.43 |
| Potassium chlorid | 233.81 | 789.54 | 348.00 |
| Sodium chlorid | 2,511.61 | 8,594.84 | 4,930.39 |
| Potassium bromid | 32.00 | 160.00 | 16.00 |
| Potassium iodid | 1.60 | 4.80 | 2.00 |
| Sodium sulphate | Trace | None | None |
| Magnesium sulphate | None | None | None |
| Sodium metaborate | Trace | Trace | Trace |
| Sodium nitrate | Trace | Trace | Trace |
| Sodium nitrite | Trace | Trace | Trace |
| Sodium bicarbonate | 2,206.54 | 424.71 | 433.70 |
| Calcium bicarbonate | 1,877.09 | 3,380.84 | 2,545.74 |
| Barium bicarbonate | Trace | 25.65 | 39.03 |
| Strontium bicarbonate | Trace | Trace | Trace |
| Ferrous bicarbonate | 23.15 | 40.07 | 14.25 |
| Magnesium bicarbonate | 874.71 | 2,244.88 | 1,378.52 |
| Alumina | 1.59 | 4.98 | 2.70 |
| Silica | 6.60 | 14.40 | 9.60 |
| **Total** | **7,856.87** | **15,808.30** | **9,801.22** |

This means that an 8 oz. tumbler of Geyser Water for instance, contains 28 grains of minerals of which 18.2 are acid-fighting bicarbonates. Other mineralized waters boast when they can show 3 grains.

Look for the Seal of The State of New York on every bottle of the genuine waters of Saratoga Spa.

SEE NEXT PAGE
THERAPEUTIC NOTES

# THERAPEUTIC NOTES ON THE INTERNAL USE OF SARATOGA SPA WATERS

In rationalizing the results observed in thousands of cases, we can now look beyond the well known relation between inorganic ions and healing action, and consider the anomalies that result from the spatial lattice molecular structure of water, itself,—and of these natural electrolyte solutions, thus demonstrated to be distinct from artificial preparations.

The natural carbon dioxide in Saratoga Spa Waters acts as a stimulant to the mucous membranes, resulting in increased gastric secretion and peristaltic activity. Taken internally the waters all result in definite diuresis and will increase the alkaline reserve of the body.

For gastrointestinal conditions, the indications are primarily those associated with under-activity, such as functional conditions of the stomach resulting from hyposecretion and hypomotility.

The waters (Coesa) are also used with great value in treating congestion of the liver and poor elimination from the gall bladder. Results in some patients with gall bladder conditions, are evidenced by the elimination of small concretations from the gall bladder of a size which may pass through the cystic and common ducts.

**SARATOGA SPA IS OPEN THE YEAR 'ROUND FOR THE TREATMENT OF CHRONIC DISEASE**

## SARATOGA SPA

. . . is scientifically equipped to collaborate with the private physician in the treatment of cardiac and other chronic diseases. The range of treatments includes mineral water baths, neuro-vascular training, eliminating treatment, massage, irrigation, packs and fomentations, and mechano- or light-therapy. *Write for details.*


### ★ *"Feds" vs. Drug Smugglers*

Once again the United States has declared war on smugglers of narcotics. "Rum row" having weighed anchor and departed, the Treasury Department has ordered 570 customs border patrol agents to mobilize against the illegal drug traffic. The attack will concentrate mostly on the Canadian and Mexican borders and on the Pacific coast. European traffic, once of serious proportions, is now well under control, according to reports.

### ★ *Beneficiaries Galore*

In addition to the increase in subscribers, income, and member hospitals that is rapidly making the Associated Hospital Service of New York (group hospitalization) the most publicized project of its kind, there occurred last month an expansion in its membership provisions. Formerly only individuals could subscribe. They pay at the rate of 3c a day. Membership privileges are now extended to families (husband, wife, and all unmarried children under nineteen years) for approximately 7c a day; to couples at 5c.

### ★ *Britain Aids Midwives*

England and America may have a mutual mother tongue, but they speak a different language when it comes to midwives. A bill recently stamped with Parliamentary approval establishes qualified midwives as a fundamental part of Great Britain's public health service. It increases the midwife's prestige as well as her remuneration by providing that if a mother cannot afford the fee the government will. In addition, midwives who, under the provisions of the new bill, are required to cease practicing will receive "reasonable compensation."

In the United States, midwives are either ignored or tolerated by law (MEDICAL ECONOMICS, July 1935). An omen that the ancient profession may be rubbed entirely from the American scene became apparent last year when New York's Bellevue School for Midwives closed its doors which had been open since 1911. Also, the city's advisory obstetric council urged regulations so rigid as to prevent additional women from undertaking midwifery.

### ★ *Sudden Death Prevention*

A tangible phase of motor accident prevention is the recent formation of the Commercial Investment Trust Safety Foundation Fund. Sponsored by the Commercial Investment Trust Corporation, the fundamental purpose of the fund is to reduce traffic accidents and to demote highway deaths from tenth place in the national cause-of-death rating.

The corporation (which finances the purchase of almost a million automobiles and trucks each year) has set aside a fund of $250,000 to be distributed at the rate of $50,000 a year for the next five years in such a manner as to encourage the improvement of traffic facilities, traffic control, automobile oper-

**The editors cannot enter into correspondence about news items submitted by readers. Acceptable items will be acknowledged with a check.**

ators and pedestrian safety measures. Of this year's prize money, $40,000 will go to drivers as awards for lily-white traffic records. $10,000 in prize money is to be distributed among professional writers, editors, cartoonists, teachers, students, and photographers in recognition of the most prize-worthy effort of any individual in each group towards promoting highway safety through his particular field of endeavor.

If significant contributions to the safety of highway travel come as the result of its activities, C. I. T. stands ready to inflate its $250,000 fund to as much as $3,000,000.

### ★ *Chest Fund to the Fore*

When, in a period of three weeks, 32 cases of typhoid occur in a community of 20,000, there's reason to dip into the emergency fund of the community chest. So think the city fathers of Englewood, New Jersey where such a visitation occurred last month. Feeling that mass inoculation against the disease was essential, Englewood's health and fiscal authorities decided to promote it. The problem was to reach the low-income class who would risk typhoid rather than part with the price of inoculations. (The Board of Health looks after indigents.) Publicity in local papers told dollar-shy townspeople that they could be inoculated free. Physicians who cooperated were paid $3 a patient. With a card supplied for the purpose, they billed the community chest instead of about 3,000 individuals who took advantage of the offer.

### ★ *More Health Officers!*

Every city of 50,000 should be able to find a physician with a proper personality and interest in public health work ready to accept a full-time health officer's job at a figure within reach of the mu-

nicipal budget. That contention was made recently by Dr. Edward S. Godfrey, Jr., New York State Commissioner of Health. He lent weight to his point by citing the fact that funds flowing into states through Social Security Act channels will enable them to contribute to the maintenance of such positions. Money spent that way, he added, would undoubtedly accomplish more than if it went to underwrite a specific project such as syphilis control.

### ★ *Radio Call for M.D.'s*

Due to the wizardry of electrical engineers, harassed physicians may never have a moment's peace. A radio signal to reach them while driving was described recently to the Federal Communications Commission. Installed in a physician's car, the gadget will flash a code signal to him over a one-way circuit. Then he can make a beeline to the nearest telephone or telegraph facility and pick up whatever message prompted the radio call.

Since the device works by high frequency transmission, it cannot be put into general use until radio broadcasting permits are extended beyond present limits.

### ★ *Peru's New Deal*

Compulsory social insurance on a grand scale has come to Peru. Members of both sexes under the age of 60 who are earn-

ing less than $750 a year must contribute. After having made four weekly payments, an insured can obtain free medical service, hospitalization, or medical supplies. Other benefits subsidize maternity and provide cash to those unable to work as a result of accident or old age.

The plan also calls for free breakfasts for children of destitute families, to be served in authorized restaurants.

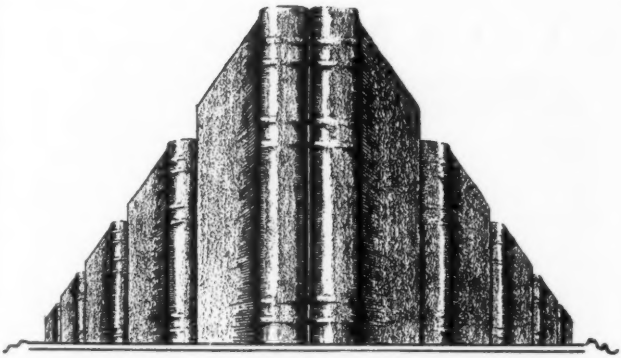
A government grant of $25,000 made it possible to start the project. Future sources of income will be taxes levied on the insureds, fines for infractions of the law by employers or employees, private legacies and donations, and a 2% added tax on tobacco and alcoholic beverages.

### ★ *Custom-made Punishment*

Many times when sentencing a man to prison for one, two, four, or more years, Judge Ralph H. Smith, of Pittsburgh, has thought of the changes in his own life during a like period of time. The importance of taking a fair-sized slice out of a man's life has repeatedly impressed itself on his mind. As a result he envisions a "social clinic" in which every defendant will be put through psychiatric and physical examinations. Thus, mental wrinkles and bodily maladjustments will be thrown into the scales of justice when a criminal offense is weighed. Then, Gilbert and Sullivan notwithstanding, the punishment will be tailored to fit the individual, not the crime.

### ★ *Subsidized Cannon Fodder*

Mussolini has answered Mars' demands by extending Italy's childbirth insurance to her 600,000 farm women. Until recently only women in industry and commerce benefited. The new plan, approved by the Italian Council of Ministers, dangles a reward of 100 lire (about $8.50)



# *what* AUTHORITIES *say about*
## SALINE APERIENTS

•

EFFICIENT. Osler cites the saline waters as having a permanently useful effect in correcting digestive conditions. (Osler's Modern Medicine.)

NON-TOXIC. McGuigan says that saline salts are non-toxic. (Text-Book of Pharmacology and Therapeutics.)

• • •

SAL HEPATICA effectively and gently rids the bowel of injurious waste material. Also, it acts to "save" and replenish plasma alkaline reserve. Resistance against many ailments is thus strengthened.

Sal Hepatica is effervescent and pleasing to taste. Its ingredients (their ratio and action) resemble those of famous mineral springs. Try Sal Hepatica clinically! Free professional sample sent upon request.

**SAL HEPATICA CLEANS**

**THE INTESTINAL TRACT**

**AND COMBATS ACIDITY**

BRISTOL-MYERS COMPANY, 19-11 W. 50th ST., NEW YORK, N. Y.

for each child born hereafter to the country's 60,000 peasant families. The insurance is financed partially by two lire taken from the woman's pay each year and five lire contributed by her employer. The state makes up the balance and throws in nursing care as a bonus. The $8.50 is supposed to pay for the luxury of a midwife and to recompense the family for the work days lost by the mother. There is no reward for the father.

### ★ *National Board Splinter*

Diplomates of the National Board of Medical Examiners have reciprocity privileges in all states* except five—Florida, Louisiana, Michigan, Texas, and Wisconsin. Hopes for including Wisconsin in the reciprocity lineup were dashed recently by an opinion from that state's attorney general. Said he, in effect, "Wisconsin's law makes it a duty of the state board of medical examiners to determine whether or not an applicant is qualified to receive a license. That duty can not be delegated." He admitted, however, that the state board could use all or part of the questions asked on N.B.M.E. examinations.

### ★ *Surgeon Stops Strike*

Trenton, Mo., was in darkness recently. Employees of the Missouri Public Service Company were on strike against the city's decision to build a municipal power plant. During all one day the town's 7,000 inhabitants were without electricity and practically without water. That night a trainmaster stumbled in the dark station and broke his leg. An X-ray seemed essential. Surgeon O. E. Duffy stalked out of the hospital and up to the power plant in which the strikers had barricaded themselves. "Without water and electricity we're powerless to care for our patients,"

*For complete details see December (1935) MEDICAL ECONOMICS, page 20.

he remonstrated. He and the city got light and water, and the strikers got a promise from the president of their company "to make every effort to keep them on the pay roll" even if the city went ahead with a competitive plant.

### ★ *U. S.' Medical Bill*

Uncle Sam has just received his annual sickness and accident bill as itemized by the U. S. Public Health Service. The total at the lower right hand corner is $10,000,000,000. In true patient style, Uncle Sam is kicking. He thinks he is paying 20% too much.

Dean K. Brundage, senior statistician of the U. S. P. H. S., explains that the bill includes such items as the cost of loss of time from work and other indirect charges. It is estimated that education in industrial hygiene could cut the annual bill about $4,000 per 1,000 employees by reducing each employee's time out for illness by only two thirds of a day. A 12.5% cut in accidents would save employers having average accident rates about $15,000 annually per 1,000 employees. It would pay employers with an above-average rate to spend $12 a year on each hireling to keep him in good health and out of accidents.

With publicity on the foregoing in mind, the U. S. P. H. S. hopes to see a reduction in the nation's medical bill for the coming year.

### ★ *To Treasure Past*

The committee on history of the California State Medical Association is planning to promote investigation into the pasts of societies throughout the state and to assure the safekeeping of all old minutes and secretarial reports. Some time ago the association discovered to its dismay that records of its early history, like that of the State of Califor-

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● Shredded Wheat is a popular breakfast food—certainly! More than a billion biscuits are sold every year. But many doctors use Shredded Wheat's taste popularity as an *effective* means of prescribing vital food values.

Shredded Wheat provides the well balanced ration of proteins, carbohydrates, mineral salts and vitamins found in whole wheat—because Shredded Wheat is 100% whole wheat. Shredded Wheat's crispness encourages salivation and therefore better digestion. And the natural bran, *entirely present,* promotes intestinal motility and the resultant absorption of essential food values.

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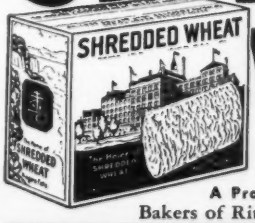


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nia, are extremely sparse. Only through biographical notes in connection with an article in the state association's journal was it discovered that Dr. Joseph P. Widney, founder of the Los Angeles County Medical Association in 1871, is still alive and active at the age of 95. Such gems, the CMA feels, are worth digging for and treasuring.

In the East, too, organized medicine is looking back. The Medical Society of New Jersey has begun to dig into the state's medical history. The society's journal has opened its pages to articles on local medical lore and its staff is to assist physicians in preparing records for preservation and distribution. The New Jersey organization avers: "Research into local history is an avocation in which more physicians would indulge if provisions were made for recording their knowledge and discoveries and for exchanging information and suggestive leads."

### ★ *Veterans' Game*

It's a far cry from the battlefields of the World War to bird sanctuaries. But the Veterans Administration recently hit upon the double-header idea of furnishing occupational therapy and amusement to veterans and preserving the nation's wild life. Already several of the eighty Veterans' hospital reservations throughout the country are wooing birds by means of birdhouses, baths, and winter-feeding stations. Plans are that fish and desirable wild animals will be given sanctuary too. In nine states experts have been assigned to give advice to these projects for sheltering wild life as well as veterans.

### ★ *Examination Reveals—*

Sixty-three out of every hundred persons who present themselves voluntarily for a physical examination complain of disturbing symptoms, according to New

York's Cornell Health Clinic. The remaining 37 consider themselves "in the pink." However, the clinic found this ratio almost reversed in a group obliged by their employers to call for a check-up. Here, 66 per 100 claimed perfect health. In spite of the fact that the majority of those who *volunteer* to be examined cite definite (to them) symptoms to prove they require medical treatment, the clinic finds that little more than half of them actually do. The rest simply need advice about hygiene, health habits, dental care, etc.

### ★ *House-number Reform*

More than $28,000 is being spent by Buffalo householders to meet the requirements of a recent ordinance making four-inch house numerals obligatory. The law was proposed by the Erie County Medical Society whose members had become weary of searching for their patients in houses without visible numbers. The common council of the city and its mayor accepted the physicians' suggestion. Dr. James L. Gallagher, chairman of the society committee which sponsored the ordinance, plans to promote further reform—house numbers that can be seen at night.

### ★ *Publicity Doubled*

So excellent were the results achieved by the Sedgwick County (Kansas) Medical Society's 1935 experiment with a special medical publicity supplement in the Wichita *Beacon* that the organization decided this year to expand its project. It cooperated with the *Eagle* (another leading Wichita daily) as well as with the *Beacon* and published special sections in both newspapers on the same date recently. From the personnel of the society's committee on public education a subcommittee was appointed to work with the staff of each paper in preparing the feature. Conse-

quently, about twice as many Wichita newspaper readers were reached this year with local medical lore.

### ★ *Death Takes No Holiday*

Death paused for breath during the first seven months of 1936, and the toll of 18,560 killed in traffic accidents showed a drop of 2% from the 1935 records. But now the scythe has a keener edge. July's percentage was three points over that of the corresponding month last year and weekly charts continue to show an upward curve.

The U. S. Public Health Service reported recently that automobiles are the chief cause of accidental death among children of four to fifteen years old. More than twice as many are killed by accidents of all sorts than by measles, scarlet fever, and diphtheria. Mechanical suffocation leads the list among infants. When they begin to walk, burns are the greatest danger. At three years, automobiles enter the list. After the age of four, youngsters appear to know enough to escape getting burned but they can't avoid "sudden death." That is, everywhere but in Pueblo, Colorado, where there wasn't a single motor fatality in the first seven months of 1936.

The northeastern region of the United States has the most child deaths per registered automobile and per gallon of gas consumed; the wide-open spaces of the West, the least. This, reports the U. S. P. H. S., is not due to better driving or to greater safety precautions. It is because the West has more automobiles in proportion to the number of children.

### ★ *WPA Who's Who?*

"Is it true that the medical profession has been subjected to political coercion?" Such was the 335th question put to Russell

Moore, special writer for the New York *Sun*, for him to cover (on September 17) in his feature, "Answers to Questions the Voters Are Asking." Senator Rush D. Holt (Democrat, West Virginia), helped Mr. Moore with that one by supplying the following excerpt from a letter by a WPA administrator: "I hand you a list of doctors in Ohio County. Kindly separate the Democrats from the Republicans, and list them in order of priority so we may notify our safety foremen and organization men as to who is eligible to participate in case of injury."

Senator Holt says that the roster came back with the notation: "Democratic doctors are listed on the left-hand side; Republicans, on the right."

### ★ *The Way to the Doctor*

"Dangerous Crossing—B. Goodfriend, M.D., 300 yards ahead." "S Curve—I. M. Ready, M.D., 2 miles." Thus, in the future, may signs along U. S. highways read.

Sam E. Woods, American attache at Prague, reported to the Department of Commerce recently that all permanent traffic signs warning of dangers to motorists along Czechoslovakian highways also carry the names of the nearest doctors and directions for reaching them. The psychological effect, he states, is excellent.

The Department of Commerce has publicized the Czechoslovakian danger-doctor signs. It is reported that they were proposed last month at a meeting of state traffic-safety authorities for trial in this country.

### ★ *Eye Game Called*

Bogus optometrists have been touring the farm country of the United States, paving the way for confederates in a swindle that has yielded over a million dollars a year to its promoters. It is worked as follows:

While fitting a potential "cus-

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Three standard types of medication now presented in a more pleasing, more effective form of effervescent tablets.

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**Combined Aspirin-Alkali Treatment in an Effervescent Tablet**
**A Real Pharmaceutical Achievement**

Each tablet contains:
Acetylsalicylic Acid (aspirin) 5 grains; Sodium Bicarbonate 31 grains; Citric Acid 21 grains. On solution in water, brisk effervescence carries the drug more quickly into the intestines, secures quicker effect, reduces possibility of gastric upset to a minimum.


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**The Bromides in More Effective Form**
**—No Salty Taste**

Presents the well known triad—bromides of sodium 7½ gr., potassium 7½ gr. and ammonium 1 gr. The presence of ½ minim Fowler's Solution permits administration of large dosages with less danger of bromide rash.


### Cinsa-Vess

**For Rheumatism, Arthritis**
**—Quick Symptomatic Relief**

The three established anti-rheumatic agents —sodium salicylate, cinchophen, colchicine— in effervescent, alkaline solution. Secures quick assimilation, more rapid effect, better toleration.

**EFFERVESCENT PRODUCTS, INCORPORATED**
**ELKHART, INDIANA**

tomer" for spectacles, a self-styled optometrist discovers an invisible film or cataract. Exhibiting much concern, he arranges for an operation by a friend whom he represents as an eye specialist. The "operation" consists of placing a few drops of eye-wash in the patient's eye, rubbing it around with a piece of gauze, and, while doing so, placing a piece of egg-shell skin in the eye. The "film" is removed and shown to the patient.

The hoax does not end there. A few months later another "specialist" calls in order to check up on his colleague's work. To his dismay he finds that the first operation, although it was successful, did not effect a complete cure. The patient is in need of a radium belt, the only proper treatment for the "cancerosis" from which he suffers.

Records show that one 85-year-old woman paid $16,000 for the removal of a piece of egg-skin from her eye and the consequent privilege of wearing a radium belt. Another victim paid $12,500. Of course, the belts contain no radium. They can be made for about $1.50.

From the Post Office Department came the news last month that a twelve months' investigation has just been brought to a successful climax. Thirty fake eye surgeons have been arrested and the radium belt business has been wrecked—temporarily, at least.

### ★ *Ill Omen for Socialism*

"We don't approve of radical procedures such as state medicine," was the answer of 500 individuals of the low-income class when questioned recently. At a meeting of the American Psychology Association last month it was reported that when the 500 were given sheets of paper on which were forty words and

# The FEET

## Their Importance As A Medical Subject

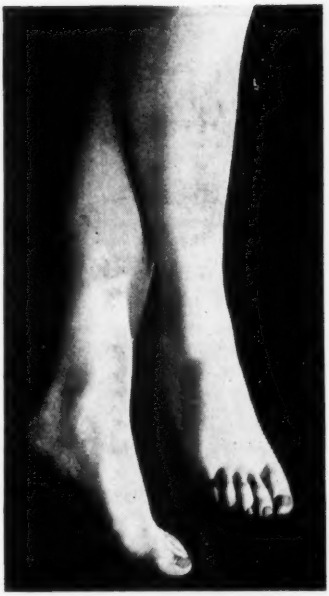
The family physician who does not have an intimate knowledge of this class of work to properly direct patients where to obtain necessary relief from foot ailments, overlooks an important part of his calling.

Health education demands the careful consideration of the feet by medicine. Countless thousands of cases of rheumatoid foot and leg pains; of tired, aching feet, of pains in the lumbar region, etc., are often directly traceable to the feet. Even common foot troubles like corns, callosities, bursitis, ingrown nail, hammer toe, Morton's toe—are almost invariably caused by weak or fallen arches.

Wm. M. Scholl, M. D., Chicago, has devoted his life to the study of the feet. Over 30 years of laboratory and clinical experimenting has enabled Dr. Scholl to formulate Remedies, Appliances, Shoes and Arch Supports for the relief of every foot trouble.

They are made under Dr. Scholl's personal supervision in the largest institution in the world devoted exclusively to the feet. Sold by Shoe, Drug and Department stores everywhere and at the exclusive Dr. Scholl's Foot Comfort Shops in principal cities.

Physicians wishing to make more of their opportunies in the science of Foot Correction, are urged to write for our professional literature. *Please use coupon.*



**Dr. Scholl's Foot-Eazer** relieves tired, aching feet, rheumatoid foot and leg pains; restores weak or fallen arches to normal. Adjustable as condition improves. Worn in any properly fitted men's or women's shoe. $3.50 pair.

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phrases of social, political, and economic significance and were asked to cross out words in any way displeasing to them, results were as follows: Although less than 5% were irked by *Constitution* and *Supreme Court*, 30% found *American Liberty League* unpleasant; 43% crossed out *socialist;* 48% were annoyed by *Townsend Plan;* 73% didn't like *Nazi;* and 80% couldn't stomach *communism.*

### ★ *Reaper Rates*

Mortality rates are used as a fundamental yardstick by authorities who wish to measure various systems of providing medical care. An analysis of the most recent vital statistics (covering 1911-34) provided by the League of Nation's health section reveals the following: New Orleans and Quebec were the only cities in the United States and Canada (no health insurance until this year) where, in 1934, the diphtheria mortality rate exceeded six per 100,000. More than fifty cities in Germany reported eleven per 100,000. In England, 121 cities upped that to 11.6. The rate in fifty Spanish cities (no health insurance) was 5.2. Non-health-insured Australia experienced rates of 1.4 and 8.5 in Auckland and in Perth respectively.

Six countries (Canada, New Zealand, Australia, Union of South Africa, Norway, and the Netherlands) had a 1934 all-causes mortality rate of less than ten per 1,000. Of those, Norway alone has been under a system of compulsory health insurance for any length of time. The Netherlands took to it only five years ago.

The U. S. recorded a rate of

**FIXED HABITS,** as you know, are hard to break. Consequently, seeds of rebellion often are sown when you tell your patients they should cut down on their smoking.

In such cases, SPUDS may be helpful.

Without claiming any therapeutic virtues for SPUDS, this much can be said definitely in their favor:

They are made from the finest tobaccos that the world affords; and unbiased scientific tests show that the menthol in SPUDS lowers the temperature of the smoke as much as 16 degrees.

In the past, we have received thousands of letters from SPUD smokers who say that SPUD is the only cigarette they can smoke and enjoy while they are suffering from colds, hay-fever, etc.

If you've never enjoyed a SPUD, we'd be pleased to send you a complimentary carton. Kindly make requests on your professional stationery to the Axton-Fisher Tobacco Co., Inc., Louisville, Ky.

eleven per 1,000 which included the higher-than-average mortality experience to be found in a negro population that far outstrips any European country in its ratio to whites. With an adjustment to compensate that situation, the U. S. would show a much better record than any continental country under health insurance.

Two South American countries offer a striking contrast. Uruguay's 1934 mortality rate was ten; Chile's (compulsory health insurance), 26.8.

### ★ *School for Sires*

A school for expectant fathers is soon to open in Middletown, New York. According to Dr. H. J. Shelley, city health officer, the school will be similar to the prenatal clinics being held for pregnant women in many places. Students will learn the hygienic and social aspects of fatherhood at monthly sessions. A group of Middletown physicians are cooperating in the project.

### ★ *N. J. Society Has Cabinet*

Fundamental requirements for sound state-society administration are clearly formulated policies and well-established contacts with the officers, committeemen, and members of county groups. That is the belief of President Spencer T. Snedecor of the New Jersey State Medical Society. He has appointed a "cabinet" to assist him in meeting those requirements.

The society's new administrative body is composed of the president of its board of trustees, its president-elect, its two vice-presidents, and the chairman of its welfare committee. Their duties are as follows:

1. To present to county societies (during official visits) the program of the state society and to


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with a promise of more than ordinary effectiveness and advantages, because—

Picochrome is equally effective in acid or alkaline urine

Picochrome destroys or inhibits colon bacillus in the urine

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In your search for better results from a urinary antiseptic, you will find it decidedly worth while to become acquainted with Picochrome. Write on your letterhead for a liberal trial supply and descriptive literature, including reprints of articles published in medical journals.

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emphasize the specific phases of the parent organization's work in which they are especially interested.

2. To represent the president while acting as consultants to state society committees. Thus, the chief officer's constitutional capacity as a member of every committee is fulfilled.

3. To be active participants in the program of the speakers' bureau and to address public health meetings and explain the details of projects sponsored by the local profession.

4. To give informal advice to key men and committees of the various county societies in order to promote the integration of their work with that of the state society.

5. To report periodically to the president, submitting outlines of the "cabinet's" work and its results for publication in the state journal.

### ★ *Foot Notes*

To a breathlessly waiting world and, more specifically, to the 1100 delegates at the annual meeting of the National Association of Chiropodists in New York last month, Footfixer Joseph Lelyveld of Boston, the N.A.C.'s director of research, brought the results of deep study. "You'd be surprised," he began, and went on to tell of research on the corns, bunions, and ingrowing toenails of the nation. Among his disclosures: An average person

takes 18,098 steps a day, covering seven and seven-eighths miles; a schoolgirl walks about three miles less per day than the average boy; it takes seven miles of walking for a conductor to pick up tickets on the Boston to Chicago train (a little less if the train is an express); a farmer averages 25 miles a day when he plows; a dancer may cover a mile an act; an average golfer will travel eight and a half miles playing eighteen holes; a doctor has been recorded as walking eighteen miles a day in a hospital; policemen trudge fourteen; postmen, 22.

### ★ *Deadline for Bastards*

No longer will the sins of the parents be held against the children in New York State. A law went into effect on September 1 making it mandatory that there be nothing on birth certificates to indicate that a child has been born out of wedlock. Revised certificates have been issued. On them there is no place to indicate the marital status of a mother. Any doctor who scribbles the traditional "O. W." on a certificate will get it back with a request to destroy it and submit a new form minus the bar sinister.

### ★ *Mine Disasters Scotched*

The U. S. Bureau of Mines is proud of its life-saving record. About to graduate the millionth student trained by one of its 6,543 instructors in first aid and accident prevention, the bureau has taken stock of its work and discovered that the past year has witnessed only two major mine disasters with seventeen lives lost. Since the organization began its work, 665 lives have been saved due to the training it gives in lifesaving precautions. For five years before the Bureau of Mines was created there was an annual average of seventeen disasters and 497 dead miners.


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Each glass of Cocomalt in milk also provides .33 gram of Calcium, .26 gram of Phosphorus, 81 U.S.P. units of Vitamin D.

***Helps bring sound sleep***

Cocomalt is easily digested, quickly assimilated. It is delicious hot or cold, tempting to young and old alike. Taken hot before retiring, it helps induce sound, restful sleep.

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**VITAMIN G:** Vitab Products, Inc. (ME 10-36), 420 Lexington Ave., New York, N. Y., will gladly forward to physicians upon request copies of literature on its new Crystalline Vitamin G (lactoflavine). This product, developed as a result of several years' scientific research, is now available in commercial quantities.

**CARDIAC CONDITIONS:** This interesting little booklet introduces Enteroid Metaphyllin, enteric coated tablets of metaphyllin for treating cardiac conditions. It has been shown in clinical experiments that these tablets remain undissolved until they pass into the intestinal tract, where they are quickly broken up and absorbed. As a result, greater freedom from possible gastric distress is offered, says the booklet. A sample is also available. Write to Adolph Hurst & Company, Inc. (ME 10-36), 330 W. 42nd St., New York, N. Y.

**IRON AND ARSENIC:** This two-page leaflet describes in detail the uses of Loeser's Intravenous Solution of Iron and Arsenic in various types of secondary anemias. It also includes numerous excerpts from papers and reports of clinical trials showing the product's marked therapeutic effects. Loeser Laboratory (ME 10-36), 22 West 26th Street, New York, N. Y., will gladly forward you a copy.

**PEDICULOSIS:** According to literature on Cuprex, it not only destroys body lice but does away with the nits as well. Because of this, one application of the product in most cases of pediculosis is said to be all that is necessary. Of special interest to school physicians is an offer made by the manufacturer. A bottle of Cuprex, sufficient for one treatment, will be sent free upon request to any school physician, along with a pad of Health Report Blanks which make parent notification easy and pleasant for the nurse or teacher. Address Merck & Company, Inc., (ME 10-36), Rahway, New Jersey.

**IODINE THERAPY:** A handsome, 15-page booklet devoted to "modern concepts of iodine therapy" is offered by Thomas Leeming & Company, Inc. (ME 10-36), 101 W. 31st Street, New York, N. Y. It describes in detail the use of Amend's Solution in all thyroid, circulatory, and respiratory diseases.

**SECURITY BUYING:** From all appearances, this booklet will be a welcome visitor to any M.D.'s office. Entitled "Should Business Men Buy Stocks?" it describes the various types of market movements, when and when not to buy stocks and bonds, and the trend of prices. Also contained in its pages is a comparative chart of U. S. business volume in recent years. Address Babson's Reports, Inc. (ME 10-36), Babson Park, Mass.

**SPASTIC COLITIS:** A generous sample of Mucilose is offered physicians by Frederick Stearns & Company (ME 10-36), 6533 E. Jefferson St., Detroit, Mich. It is a specially prepared hemicellulose obtained from Plantago loeflingii. For the following reasons, the product is said to overcome spasms in colitis: It supplies bland bulk to a spasmodic colon, thus overcoming cramping; is non-irritating to the gastrointestinal tract; has a viscous tenacity; does not leak; and produces large, formed, soft stools.

**PNEUMONIA:** This small leaflet tells all about Synochin "S" and Synochin "V", two preparations for the chemotherapy of lobar and bronchial pneumonia, influenza, laryngitis, follicular tonsillitis, and bronchitis. Synochin "S" is for subcutaneous use only; Synochin "V" is for use intravenously. Both products, say the makers, exert specific pneumococcocidal action by lysis, prevent exudation, have a sedative effect, in-

crease phagocytosis, and will not cause leucopenia. A copy of the leaflet will be mailed to you promptly upon request. Write Vincent Christina, Inc., (ME 10-36), 215 East 22nd Street, New York, N. Y.

**SEDATIVE AND ANALGESIC:** This offer includes a trial supply and descriptive literature about Evicyl, a new analgesic-sedative combination of cyclural and acetylsalicylic acid in tablet form. It is said that the preparation relieves pain promptly and allays nervousness. In therapeutic dosage, it does not irritate the stomach or depress the heart, circulation, or respiration, the manufacturers declare. Indications include headache, neuralgia, dysmenorrhea, climacteric disorders, insomnia caused by pain, and preoperative and postoperative medication in surgery and dentistry. Address the Winthrop Chemical Company, Inc., (ME 10-36), 170 Varick Street, New York, N. Y.

**LIQUID FOOD:** Here's a product, Trophonine, in which beef, malt, barley, milk, and cocoa have been concentrated into a liquid food rich in vitamins and high in caloric value. According to the makers, it contains proteins and carbohydrates in a partially predigested, easily assimilable, and non-irritating form. It is indicated as a tonic and restorative, as well as a food, for convalescents, for the acutely sick, for the aged, and for anaemic and tubercular patients. A sample bottle is yours for the asking. Write to Reed & Carnrick (ME 10-36), 155 Van Wagenen Avenue, Jersey City, N. J.

**BIOLOGICAL SOLUTION:** Eimer & Amend (ME 10-36), 205 Third Ave., New York, N. Y., will send information to physicians describing its new Stable Colloidal Gold Solution. The reagent is for use in Lange's test when diagnosing syphilis, paresis, etc.

**GASTRIC AILMENTS:** Here's an offer of an interesting little leaflet on Bis-Mix, a balanced mixture of alkalies for treating gastric ailments, especially hyperchlorhydria. According to the manufacturers, this product neutralizes without exhausting the gastric glands and furnishes the blood plasma with the necessary stabilizing elements: its frequent use produces no intestinal debility; it contains no digestive ferment, and in acute stomach attacks it allays spasmodic pain. Your copy of the leaflet will be sent on request by George J. Wallau, Inc., (ME 10-36), 153 Waverly Pl., New York, N. Y.

**HEMORRHOIDS:** Upon request, the Schoonmaker Laboratories (ME 10-36), Caldwell, N. J., will mail you a clinical sample of Suavinol, a new, medicated petroleum jelly for use in the treatment of hemorrhoids.

**STEREO-MIRROR:** Here's descriptive literature about a portable, inexpensive, single-and-double-film stereoscope. According to its makers, a single film appears *in toto*, uniformly enlarged or reduced in size, with astounding perspective. A double film is said to give a complete stereo effect. Copies of literature will be sent to you promptly upon request by the Nu-Mirror Company (ME 10-36), 534 East Washington Ave., Bridgeport, Conn.

**FOOD-DRINK:** The R. B. Davis Company (ME 10-36), Hoboken, N. J., will mail you free of charge a trial-size can of Cocomalt. This food-drink provides the diet with easily-assimilated iron, as well as calcium, phosphorus, and vitamin D. The makers say that during convalescence from illness, an operation, or childbirth—or when it is advisable to increase the weight of a malnourished child—Cocomalt has shown remarkable results.

**CONSTIPATION:** Trial tins of Kaba, a preparation for the correction of constipation without the use of chemical or mechanical irritants, are being distributed by the Battle Creek Food Company (ME 10-36), Merrill Park, Battle Creek, Michigan. Kaba contains the solidified, purified sap of the Kabaya tree (basorin), and is said to offer an effective means of securing bulk and lubrication without roughage.

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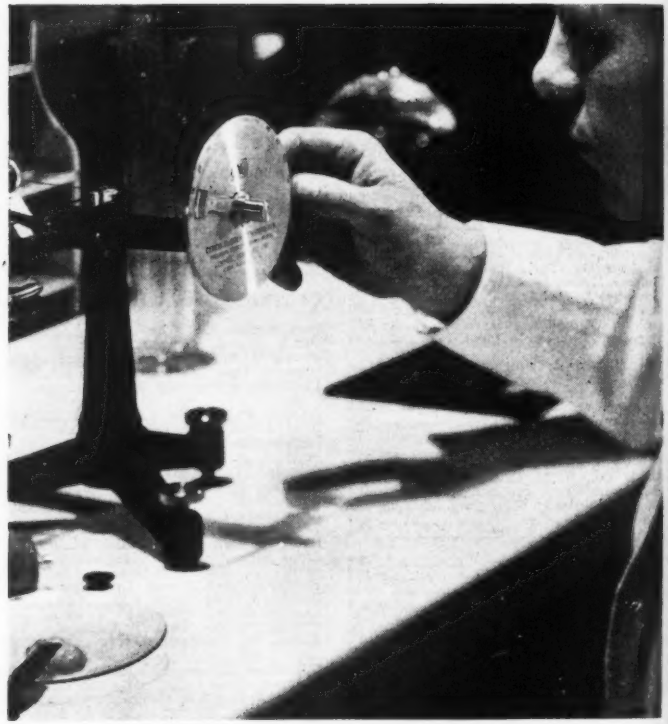

# SURFACE TENSION

• The filming and contacting characteristics are primary attributes of a vaginal jelly, and are, to a degree, dependent on low surface tension. For determination of surface tension, the tensiometer is used as shown in the picture above —a scene in the Johnson & Johnson Laboratories.

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